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ABSTRACT

This study examined the feasibility of establishing a Centre on Disabilities in Regina, Saskatchewan, as a cooperative effort of the city and the University of Regina. The Centre would provide professional continuing education; conduct research on disabilities issues, including policy development; and work with communities throughout Saskatchewan on such issues. The study indicated four areas in which community needs could be focused: (1) interagency coordination, (2) transition services/programs, (3) transdisciplinary professional continuing education, and (4) organizational development/leadership issues. This report considers the various directions and models possible within each of these areas. A section on the study's findings offers examples of institute/center models in the areas of professional education, interagency coordination, transition programs, policy and research development, and organizational development. The study concludes that the center should reside in a degree-granting faculty; should serve primarily disabled persons' organizations, professional groups, and government; should fill the role of a catalyst, enhancing the interaction between research and practice; should focus on a "best practice" approach; and should be organized to balance needs of the academic community with needs of the disabled community. (DB)

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CREATING THE VISION

Feasibility Study for a Centre on Disabilities

University of Regina

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August 1995

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I. EXECUTIVE SUMMARY

The concept of establishing a centre on disabilities was proposed by the City of Regina to the University of Regina. The Centre would provide professional continuing education, conduct research on disabilities issues, including policy development, and work with communities through Saskatchewan on disability issues. The City of Regina, as part of their commitment to making Regina an accessible community, saw potential to extend to other communities, the City's experiences in creating accessible programs and services. Working with University Extension, a feasibility study was undertaken to examine the need, scope and purpose for a centre.

Findings from the study indicate four areas in which community needs could be focussed:

- interagency coordination
- transition services/programs
- transdisciplinary professional continuing education
- organizational development/leadership issues

However, within each of these areas, there was considerable uncertainty about what directions or models would be appropriate, and more importantly, a limited knowledge base about these directions. Consequently, the study took the opportunity to seek out and describe examples of how such directions developed and specifically, the structure, organization, activities and results/benefits.

Critical to the work of a centre on disabilities is the need for an underlying vision on disabilities and society. This vision would then provide, not only directions for programs, activities, and services through a centre and other organizations, but a demonstrable commitment to persons with disabilities through the development of policy. A centre, as an entity, is pre-mature at this time. However, there are many activities which the university can, and should, become involved with. In particular, facilitating organizations and communities to create a vision for the social/economic integration of persons with disabilities, and ensuring opportunities are available for disabled persons' organizations to be heard within the university environment.

II. CONTEXT

2. BACKGROUND TO THE STUDY

2.1 Origins of Study

In October 1992, the City of Regina's Social Development Division approached University Extension with a proposal to explore the feasibility of establishing a centre of excellence on disabilities. The concept linked the City of Regina's community access initiatives with professional development, and research and policy development. The feasibility study would be funded through a grant from the then Secretary of State.

In 1989, Regina City Council established the Mayor's Task Force on Access with the broad mandate to examine the accessibility of key services in Regina for persons with disabilities. The Task Force had significant impact in terms of public education, the media profile of accessibility issues, and fostering a receptive policy environment, in addition to practical changes emerging from the work of the task force. Through the groundwork established by the Mayor's Task Force on Access, the City of Regina continued its commitment to improving access for persons with disabilities.

With funding from The National Strategy for the Integration of Persons with Disabilities, the City of Regina established a coordinated effort to eliminate barriers. Included in these initiatives were:

Advisory Committee on Access established as a committee of Council to examine major community issues related to disabilities and access.
Access Consultant hired to work with City of Regina departments and the community.
Working Lunch on Independence (National Access Awareness Week) bringing together over 120 persons to attend a community debriefing session.
Community Recreation Forum and *Recreation Network* established.
Facilities Sub-Committee established through the Advisory Committee on Access to provide advice regarding priorities for modifications.

"Ideal" Accessibility Standards being developed as an education and planning tool for a range of "high access" design applications.

Housing Sub-Committee co-hosted a community forum on housing to review accessible housing options in the community, and to give consumers an opportunity to discuss housing needs, the potential demand, and directions for providing accessible housing.

Employment Fair held in conjunction with the Saskatchewan Employment Equity Practitioners Association.

To date, the City of Regina has received national Five Star awards for Transportation, Recreation, and Education in recognition of the successes in removing barriers encountered by persons with disabilities.

To extend the experiences in developing and providing accessible services to other communities, the City of Regina proposed the establishment of a centre of excellence on disabilities. Underlying the vision for the centre was promoting ways of creating accessible communities. Achieving the vision was through a long-term process of developing a strong policy and professional knowledge base, intergovernmental cooperation, communication action on the coordination and development of services, and empowerment of disabled persons and their organizations.

A key component for the centre was the link between university-based professional continuing education and community-based applications. This approach builds on existing professional education through University of Regina faculties (Physical Activity Studies, Social Work, and Education), in addition to the professional continuing education and community-based development and education approaches of University Extension.[1]

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1. As this study was being completed (April 1995), the University of Regina closed non-credit programming through University Extension, including the programs which provided professional continuing education on a short term basis. With the closure of non-credit programming, many of the community development activities associated with University Extension also ended. To date, there is no indication of other University of Regina faculties assuming an interest in issues presented in this study.

The City of Regina and University Extension, submitted to Secretary of State (now Human Resource Development Canada) a joint proposal for funding. Secretary of State agreed to support the project, but granted funds for less that half of the request. Additional funding was also received through the Disabilities Directorate of Saskatchewan Labour. Although the funding requested to support the study was less than required, University Extension agreed to commit staff resources to undertake the feasibility study because the development of the centre was consistent with University Extension's mandate.

2.2 Proposed Centre Components

The vision is for a centre which would link research, education and action within communities. Within these general areas, specialization is proposed in two areas where Saskatchewan can make unique contributions; disability issues in small communities, and disability issues in the aboriginal population, including issues in rural and reserve communities, and issues in urban centres.

During the planning stages, the viability of centre activities in the three main areas of research, education and action will be examined.

2.2.1 Policy Studies and Applied Research

Potential areas where major strides can be made in the empowerment and integration of persons with disabilities include:

- social policy and research in the health, education, employment and housing field,
- social work and human justice,
- community planning
- physical education, leisure and recreation
- administration and
- computer applications, engineering and design

2.2.2 Professional Continuing Education

The potential exists to develop interdisciplinary studies directed to professionals in a number of fields. Target audiences include individuals already working in the disabilities field, education for those interested in working in the disabilities field, and special target

groups including boards, and line staff and management groups within government departments and corporations.

2.2.3 Joint Projects with Saskatchewan Communities

Developing and coordinating joint projects to provide a demonstrable means to link research and professional continuing education to applications within Saskatchewan communities. Possibilities include areas related to:

- access planning within communities,
- service development,
- community research and needs assessment,
- long-term development of a resource centre specializing in collection of research, legislation, program and planning information
- supporting the development of strong rural disabilities networks for sharing information and promoting the empowerment of persons with disabilities, and
- developing cooperative relationships between relevant aboriginal and non-aboriginal organizations.

2.2.4 Definition of Disabilities

For the purposes of this feasibility study, the term disability is broadly defined to include "a disadvantage for a given individual resulting from an impairment or disability that limits or prevents the fulfillment of a role that is normal (depending on age, sex, social and cultural factors) for that individual"[2].

2.3 University Continuing Education Model

The framework for developing the centre is based on models of university continuing education. A useful operational definition is provided by Lund[3]

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2. World Health Organization.

3. Lund, Brishkai (1994). "Towards a Theoretical Framework for University Continuing Education". In M. Brooke and M. Waldron (eds), *University Continuing Education in Canada: Current Challenges and Future Opportunities* (pp. 166-179). Toronto: Thompson Educational Publishing Inc.

> Community education through a university deliberately seeks to bring together various segments of society as it designs and delivers educational activities. The purpose of its programs and services is to provide access, and to enable individuals and groups with varied perspectives to learn from each other, develop confidence in their ability to learn and generate ideas leading to actions for influencing changes they think necessary or desirable in their lives and/or in their community. It explores diverse subject matter to prepare participants for assessing current knowledge and constructing new knowledge. It is persistent about its optimistic view of education. Unlike professional education, it enables learners to take action beyond the confines of the occupational setting toward the resolution of social, economic, political, cultural and legal problems facing society.

Emphasized in university continuing education is the inter-relationship between three components:

- developing partnerships (such as, community to community, professionals to community, professionals to professionals),
- developing interdisciplinary approaches to respond to community needs, and
- taking action as a result of the learning.

While the format for university continuing education may be that of both credit and non-credit courses, seminars, workshops, and conferences, the scope of learning comprises activities related to research, community development and advocacy.

3. STUDY DESIGN

3.1 Overview

The study design focused on four major areas:

- gathering information on key North American models pertinent to conducting community-based research and professional continuing education,
- developing community contacts, and establishing a network among communities where centre programs will be delivered,
- assessing professional continuing education needs, and
- defining the scope, structure and funding requirements of the centre's programs and services.

Multiple approaches were proposed to examine these areas including:

- assessment of professional continuing education needs and demand for programs and services of the proposed centre through surveys, opinion leader interviews, and focus groups,
- review of available reports/data on policy development and professional continuing education needs related to disabilities, and
- consultations with governments, community organizations, and corporate sectors regarding the state of policy development, professional continuing education needs, research needs, and other issues related to the equality and full participation of persons with disabilities.

With the reduced funds available to the study and to respond to emerging developments as data was collected, adjustments to the original proposal to the study design were made. The major change was to conduct a more extensive review of available reports and literature, in combination with interviews, to identify activities required for professional continuing education needs and policy development needs.

It become apparent during a preliminary review of literature that the

number of professional and para-professional disciplines related to disabilities issues would require potentially up to 10 to 12 different surveys in order to identify specific professional continuing education needs. The development, implementation, analysis of this number of surveys was beyond the resources of this study.

Consequently, data were collected using the following approaches:

- interviews with individuals from disabled persons' organizations, and First Nations organizations to identify key issues, framework and concerns,
- literature review through databases (such as ERIC - Educational Resources Information Center; printed information from organizations, newsletters of disabled person's organizations, etc.) to identify and construct the dimensions of the framework and concerns.

  Criteria used to select relevant models and programs included those with a rural focus, and which included the involvement of a post-secondary institution. However, some programs and models are included to reinforce specific concepts such as effective transition programming, or development of interdisciplinary education.

The final phase will be to disseminate the results of the study and to receive feedback from communities and organizations on the directions identified.

4. CONSTRAINTS AND OPPORTUNITIES

4.1 Constraints

4.1.1 *Needs Assessment vs Evaluation*

Throughout the study caution was exercised to ensure the study was an assessment of needs rather than an evaluation of existing programs and/or organizations. Although existing programs and services were reviewed, the intent was to discover gaps which, in turn, result in needs related to professional continuing education, policy development, or the base of research data, rather than to judge the effectiveness of the programs or services.

4.1.2 *Health Care Reform*

The reform of health care delivery has undergone significant changes in Saskatchewan since 1992. Changes which are most pertinent to this study are those surrounding the devolution of programs and services to district health boards. Identification of which programs and services will be delivered through individual district health boards is still being negotiated, and the effects of such devolution on disabled persons' organizations is unknown. Consequently, some needs of disabled persons' organizations may also be unknown and may be dependent on the reorganization of health care.

4.1.3 *Pressures on University Continuing Education*

Increasingly university continuing education units across Canada are expected to recover, not only the direct costs associated with the delivery of a specific course or program of activities, but overhead costs associated with staff time and other university resources used to develop and offer the course. It is not unrealistic to expect that as university revenues continue to remain fixed, or decrease, continuing education units will be expected in the future to not only recover costs, but to generate revenue for the university.

The cost recovery mandate is a constraint for a proposed Centre on Disabilities. The nature of the proposed centre's focus would be to address issues which are not generally revenue-generating, market-driven programming, but rather programming and research which is rooted in social activism, and provides mutual benefit to both the community and the university. In this sense adult and continuing

education, as part of a university, has a long tradition as a means of improving social conditions through effecting social change. The conflict arises when the university extends into the community with a commitment to work with all members of a community, including those who cannot pay.

A second pressure on university continuing education units is that of responding to multiple communities. Continuing education units are frequently seen as the "outreach" unit of the university. There then is a corresponding expectation to be responsive to many different, and at times conflicting, community pressure points. The proposed centre must be able to clearly define and justify its areas of focus; if not it will be expected to provide a wide range of programs and services, which may ultimately diminish its impact in disabilities issues.

A third pressure confronted by university continuing education units is that of academic marginality. With increasing expectations for university continuing education units to be cost-recovery and/or revenue producing, the emphasis on achieving and maintaining academic status through such activities as research, and dissemination of information/data through community service is often in conflict with the need to produce revenue. The immediate consequence is that information and knowledge generated through research may not be reflected in programming and activities. Instead programming and activities may reflect the needs of those segments of the community which can afford to pay.

However, it is the longer term effects of academic marginality that concerns university continuing education, and will have consequences for a Centre on Disabilities. To remain credible to other academic units of the university, continuing education units must contribute to the body of knowledge being created in the university environment. Without a solid foundation of academic credibility, it will be very difficult for a continuing education unit to secure adequate resources to fulfill the vision of the Centre on Disabilities, or to resist pressures from segments of the community and from university administration to provide financially rewarding programs which may not contribute to the vision of the Centre on Disabilities. The very real danger is that if university continuing education units continue in cost-recovery or revenue producing directions, it will increasingly be seen as an

ancillary service or administrative unit of the university, rather than a unit which contributes to the academic enterprise of the university - that of creating and applying knowledge.

4.1.4 Duplication of Community Initiatives

Community-based organizations throughout Saskatchewan offer a vast array of services and programs to persons with disabilities, their families, and the community at large. The proposed Centre on Disabilities must ensure that its services and programs do not duplicate or compete, either for funds or audience, with existing programs and services.

4.1.5 Format of Available Information

In collecting and reviewing information for this study, it become apparent the ongoing need for disabled person's organizations in Saskatchewan to document both the activities and the results of programs and activities; documentation which goes beyond the number of individuals/families served, how long the program was offered, or how much it cost. On-going program documentation and evaluation provides benchmarks for future developments, determines the progress of initiatives, and indicates the key elements in effective programming. While there are many good programs and activities throughout Saskatchewan, for the purposes of this study, it was difficult to assess the programs' effectiveness in the areas of interdisciplinary programs/services, transition programs, or in providing professional continuing education since documentation on programs was limited.

4.2 OPPORTUNITIES

4.2.1 Interrelationships between Professional Disciplines

While initially the number of professional disciplines involved in disability issues may appear as a constraint, particularly in identifying professional continuing education needs, the interrelationships of professional disciplines also provides opportunities. As issues in society become more complex requiring coordinated approaches to solve, professional groups are seeking ways to address societal issues through transdisciplinary approaches.

Using university continuing education models as a basis for developing the centre, a unique opportunity is available to support and develop transdisciplinary approaches to disability issues.

4.2.2 Institute for Health Studies (IHS)

In November 1994 a new research institute, Institute for Health Studies, was established at the University of Regina, and located in the Faculty of Physical Activities Studies. The purpose of the Institute for Health Studies is to undertake and promote research and study in health and health-related areas. Proposed activities include:

- direct service, research and study in health and health-related areas;
- liaise with industry, appropriate government agencies and non-government organizations, and cooperate with other units at the University of Regina and the University of Saskatchewan;
- disseminate results of activities (working paper series, workshops, etc.);
- assist members of the IHS in the planning, conducting, and funding of research projects and other studies;
- pursue ways to appoint new faculty, research associates and technical support personnel who would be associated with the IHS; and
- provide the University of Regina with an area of distinction that will enhance the University's and the Province of Saskatchewan's reputation.

The institute will be directed by a steering committee consisting of the Director of the IHS (ex officio) and seven elected members representative of the Faculties and research units which participate in the IHS.

The opportunity may be provided through the Institute for Health Studies to link disabilities issues within a larger interdisciplinary approach to health-related issues. Constraints also exist; disabilities issues should not be seen as solely related to health, and the degree to which community involvement guides IHS research activities. However, linkages with the Institute of Health Studies should be pursued.

4.2.3 *Strengths of University Continuing Education*

In spite of the constraints identified in 4.1.3 (*Pressures on University Continuing Education*), there exists a strong tradition of university continuing education as social change agent. Acting as catalysts and facilitators, university continuing education can bring together individuals from diverse segments of society to develop and address common goals. In the role of catalyst, university continuing education can initiate projects and offer programs which other agencies or organizations cannot offer because of the complexity and/or sensitivity of issues. In a facilitating role, university continuing education is an impartial partner whose focus is to ensure appropriate processes are developed and maintained to encourage and support participation by all segments of communities. In addition, as part of the university's continuing education units can access a number of specialists to address issues.

4.2.4 *Strengths of University of Regina*

The University of Regina is a comparably new university, receiving independent status as a full-fledged university in 1974. A number of unique programs, in both Canada and Saskatchewan, are available through the University of Regina, (such as the School of Human Justice). However, there are also limitations. For example, the University of Regina does not have a health care focus using the medical model (such as medicine, nursing, or rehabilitation/physical therapy). Consequently, the available expertise from University of Regina faculties, which can be directed to specific health issues related to disabilities, is limited.

III. FINDINGS

Four themes emerged through the data collected for this study. These are:

- ❒ interagency coordination
- ❒ transition services/programs
- ❒ transdisciplinary professional continuing education
- ❒ organizational development/leadership issues

The themes are inter-related; for example well-developed organizations contribute to effective transition services/programs which are supported by commitments to the principles and practices of interagency coordination, and continuing education for professionals using transdisciplinary approaches.

Organizational development focuses issues around how effective disabled person's organizations are at fulfilling their mandate and further developing their efforts to effect change for persons with disabilities. Part of organizational development is how organizations develop their future leaders and empower their members to act. *Interagency cooperation*, while accepted in principle, is not only difficult to achieve but to difficult to define. Closely related to interagency cooperation is the development, planning and organization of *transition services/programs*, which support individuals, and their families, through transitions from home to school to work and eventually to retirement. Both interagency cooperation and transition services/programs need strong policy development to ensure success. Similarly the *preparatory and continuing education needs of professionals* must ensure that they can use the skills and knowledge of their specific discipline but in conjunction with other professionals, community-based organizations, and most importantly, persons with disabilities.

The following sections describe issues, models, programs and services which amplify the salient points which emerged during the study.

5. *INSTITUTE/CENTRE MODELS*

Three types of models emerged from a review of North American centres or institutes involved in conducting community-based research/policy development, and professional continuing education. The types of models include:

- Interdisciplinary Institutes:
  - disabilities focus
  - disabilities studies within a broader context
- Institutes focussing on Specific Disabilities and/or Specific Aspects of Disabilities

Models employ a combination of linkages between community, universities, and government. Frequently, the initiation of institutes may have been as a result of government activity or funding in the specific area, and over time the institutes have expanded, not only their services and programs, but their funding base. Organizational structures range from informal relationships between a university/ government to highly structured, integrated relationships directly linked to a specific faculty or research unit. The following are examples of various institutes:

5.1. Interdisciplinary Institutes

5.1.1 Institutes with a Disabilities Focus

The majority of these institutes are structured with an interdisciplinary focus to address disabilities issues. The following are examples of a range of institutes, and describes the purpose and types of activities undertaken by the institutes.

Montana University Affiliated Rural Institute on Disabilities (Rural Institute) is an interdisciplinary, university sponsored organization that promotes the full participation in rural life of individuals of all ages with disabilities by developing and disseminating innovations in teaching, research, community services and policy advocacy. As an Administration on Developmental Disabilities (ADD)-funded university affiliated program, the purpose of the Rural Institute is defined by *Part D,*

Section 151, of the Developmental Disabilities Assistance and Bill of Rights Act of 1990 (PL 101-496), "to assist in the provision of interdisciplinary training, the demonstration of exemplary services and technical assistance, and the dissemination of information which will facilitate and support the independence, productivity and integration into the community of persons with developmental disabilities". The Research and Training Center on Rural Rehabilitation Services was established within the Rural Institute in 1987, with funds from the U.S. Department of Education's National Institute on Disability and Rehabilitation Research. Throughout its history, the Rural Institute has clarified its mission, steadily increasing the number of its programs and expanding the scope of its activities to a national scale.

The aim of the Rural Institute on Disabilities is to improve the independence, productivity and community integration of rural Americans with disabilities. It does so by conducting service programs, training (such as seminars, conferences), technical assistance, research and information dissemination activities which:

- help people with disabilities in rural areas access quality social and educational services and health care,
- increase the quantity and quality of disability service professionals and providers in rural settings,
- discover and develop state-of-the-art approaches to meet the challenges of living with a disability in rural areas, and
- provide information about rural issues to the public, professionals, and policy makers.

The Rural Institute is a University Affiliated Program (UAP). UAPs are governed by federal regulation and answer to the federal government and the universities where they reside. The Rural Institute is an interdisciplinary unit that reports directly to the University of Montana's Associate Provost for Research and Economic Development, and Dean of the Graduate School. The Rural Institute is an integral part of the University with Rural Institute faculty having adjunct academic appointments

in relevant departments of the University. The University provides, at no cost, space for the Rural Institute, and waives all indirect costs associated with the ADD Core grant as the University's cost sharing contribution. The Rural Institute receives a return of indirect costs on all grants and contracts that averages approximately 30 percent of the total indirect costs recovered.

Canadian Disability Network and Research Centre (formerly Walter Dinsdale Centre for Empowerment of Canadians with Disabilities) was developed with the support of the University of Calgary and, in particular, from the Department of Rehabilitation Studies. The mission statement for the centre is:

> The centre is a network of groups united for the purpose of encouraging the economic, cultural social and political integration and empowerment of persons with disabilities into society through information sharing and cross disability research.

The centre was established to foster ways and means of enabling persons with disabilities to be full participants in society. Aims of the centre include:

- providing professional/technical resources that people with disabilities can draw on in developing strategies to better employ their gifts and talents,
- offering a means of building links between consumers, professionals, policy makers, the private sector and various other constituencies,
- operating an information network with facilitates within-group and between-group communication,
- enabling persons with disabilities, academics, service providers, and others to collaborate in resolving issues pertaining to research, policy and human service questions pertaining to disability and empowerment.

A core service of the centre is the Disability Information Service of Canada (DISC), a national telecommunications network for persons with disabilities and those who work with them. DISC is primarily an electronic mail and computer conferencing

service. Short-term research projects are undertaken by the centre, such as an Access to Bulletin Board Systems study which surveyed several BBS systems to ascertain how adequate and adaptable the systems are to support the wide variety of assistive devices used by persons with disabilities to access computer network information. Other research projects have included, "Towards Economic Independence", an international study of income generation strategies by/for people with disabilities, and "Ask about Vocational Rehabilitation", a computer information resource for front line Vocational Rehabilitation Counsellors.

Centre for Disability Studies, University of Manitoba (proposed), is a partnership between disabled persons' organizations, professionals, educational institutions, government, the private sector, and individuals, to enable and empower persons with disabilities, their families and their chosen advocates. The Centre is guided by the philosophies of independent living and community living, and full and valued participation in the community. The Centre's activities will be concentrated in four areas:

- education
  - a) interdisciplinary and discipline specific courses and programs at both the undergraduate and graduate levels, ranging from general introductory awareness courses, to advanced discipline specific courses and involvement in doctoral level and post-doctoral research work.
  - b) outside service programs (short courses, workshops, conferences) made available to various sectors of government, business, and professional organizations.
- research, including discipline specific and interdisciplinary research, between various university departments, centres, and institutes.
- advocacy, supported by education and research, to assist government and other agencies to formulate policies to eliminate barriers preventing people with disabilities from full participation in everyday activities, and

- information exchange and dissemination using a clearinghouse approach.

The centre is organized with a Board of Directors comprised of one-third persons with disabilities, their families and their chosen advocates, one-third professionals, and one-third academics. At least 50% of the Board's membership must be individuals with disabilities.

Roeher Institute, located at York University, is sponsored by the Canadian Association for Community Living. The mandate of the Institute is to:

- examine and understand issues affecting persons with an intellectual impairment and other disabilities,
- act as a centre for the exchange of ideas and to encourage new ways of thinking about persons with an intellectual impairment and other disabilities, and
- provide insight into the social policy, programs, laws and other features of Canadian society that affect the capability of people with an intellectual impairment and other disabilities to exercise their rights and fully participate in society.

The Institute carries out its mandate through:

- *research* into public policy and the delivery of programs to identify key conditions that need to be in place for successful policy implementation and program effectiveness,
- *publishing* research and studies,
- *information services* which assist individuals and organizations with current developments in the field of intellectual impairment and disability, and
- *education and training* for professionals and volunteers in the field of intellectual impairment and disabilities. Target audiences include social workers, legal professionals, law enforcement officials, family members, health professionals, and educators.

5.1.2 Institutes - Disabilities Studies within a Broader Context
Generally, these institutes focus on policy implications for society at large. Disabilities are viewed as one of several target audiences affected by such policy decisions. Usually issues related to disabilities are in the context of specific projects or research studies.

Centre for Research and Education in Human Services works with professionals, consumers, and other community members to create an understanding of human services policies and practices affecting citizens who have been disadvantaged, including persons with disabilities. The centre works in the areas of research and education to:

- critically analyze the context of human services, with an emphasis on social change,
- assess the impact of human services on the lives of individuals, families and communities, and
- work with consumer and professional groups to contribute to more responsive human services, and to the development of alternatives to traditional human services.

Typical of the centre's activities are research projects, evaluation of programs, consultation and planning with communities and organizations, and workshops/presentations designed to meet the training/educational needs of organizations and agencies.

Frank Porter Graham Child Development Centre (Division of Health Affairs, University of North Carolina at Chapel Hill) is a broad based institute which examines questions around child care, education, health, and multidisciplinary and interagency services. The main goals of the institute are to promote the optimal development of children, to learn how to support parents through comprehensive services, and to document the differences such programs make in the long-range development of children. The focus of research was extended to include families as well as children with developmental disabilities. An area of recent research has been on evaluating and analyzing results of federal legislation and policy derived from the Individuals with Disabilities Act.

The Center's programs include four types of activities:

- child and family research,
- health research,
- policy studies and
- training and technical assistance.

These activities are conducted by a crossdisciplinary staff with backgrounds in anthropology, audiology, education, epidemiology, maternal and child health, medical allied health; medicine, nursing, psychology, and other related fields. Central to the centers work is translating research into practical products; the Center develops curriculum packages, guides, and training manuals for child assessment and intervention, for the development of quality child care programs, for preparing child care providers, and for family support and development.

5.2 *Institutes Focussing on Specific Disabilities and/or Specific Aspects of Disabilities*

In general these institutes focus on a very narrow range of program activities and services, usually directed to a specialized target audience. Numerous institutes exist across North America, and many are associated with national/regional organizations and/or universities. The nature of these institutes' activities range from multi-year projects funded through public dollars, to on-going programs which are integrated with the mission and purposes of the parent organization, such as the teaching/research function of a university. Additional information on specific projects will be described under sections six, seven and eight.

The relevant aspect of these types of institutes is the integrated relationship between the work and activities of the institute and the parent organization. For example:

> ***The Oklahoma Assistive Technology Center (OATC)*** is part of an interagency collaborative effort between the University of Oklahoma Health Sciences Center, and the state departments of Human Services, Health and Education providing education,

research, and assessment and intervention services through a multi-tiered system. As such, the OATC is a model delivery system of specialized professional services, including education, to support the assessment and intervention needs of individuals with developmental or acquired disabilities. In this role, OATC's educational services are designed to assist institutions of higher education to present the most current theory, techniques, research and philosophy available as related to the services provided by the center.

5.3 Institutes within the University of Regina Context

The Faculty of Graduate Studies and Research's policy governing research centres and institutes describes centres as non-departmental academic or administrative units which are established for special purposes, of an ongoing, but potentially finite nature, and related to the goals of the University. Centres normally encompass, but are not limited to:

- facilitating collaborative research,
- providing specific types of training seminars,
- facilitating multi-university initiatives,
- providing specific types of services to the community and,
- responding dynamically to opportunities of potential importance to the University.

Every centre is subject to the authority of University policies and is required to have a University approved constitution authorizing its operations. Furthermore, centres must have a geographic home where its particular programs can be carried on under conditions where the staff, faculty and students can work cooperatively. The authority for receiving/obtaining funds for all centres resides with the Associate Vice-President, Research.

Two types of centres are identified. Schedule A lists all University centres which are under direct authority of a Dean. Schedule A centres are usually specific to the discipline of the faculty which houses the centre. The Dean is the Administrative Officer responsible of the operation of a Schedule A centre. Schedule B centres have either a University-wide mandate or are centres in which the

University of Regina participates in as part of a multi-university consortium. The Associate Vice-President, Research is the Administrative Officer responsible for the University's participation in all Schedule B centres.

Examples of University of Regina centres include:

- The *Development Institute of Saskatchewan*, which offers an interdisciplinary approach to development by addressing topics such as community change, economic growth and social development for Saskatchewan, Canada and other countries.
- *Prairie Justice Research* conducts research on questions of social policy pertaining to social, criminal and legal justice.
- *Saskatchewan Instructional Development and Research Unit* (Faculty of Education) focuses on instructional development and research dealing with teaching and its impact on learning.
- *Social Administration Research Unit* conducts and promotes applied social research and policy analyses in human services.
- *Senior's Education Centre* operates as a partnership, between the Seniors' University Group Inc and University Extension. The Centre provides older adult education courses and conducts applied research in such areas as literacy, elder abuse, health promotion, cross-cultural issues and older women.

5.4 A Saskatchewan Centre on Disabilities

Data from interviews suggest uncertainty about a Saskatchewan Centre on Disabilities. It was particularly difficult for individuals to envision the scope and activities of a centre, and the specific benefits a centre would have for their organizations. Individuals were concerned that a centre would lead to more fragmentation in the community, particularly if the centre focussed on discipline-specific issues or needs. The concept of a centre that would provide a focus point for networking, and operate as a clearing house for new

knowledge, as well as dissemination of information from a variety of sources was voiced by many as important. Many individuals expressed frustration with the difficulty of accessing university resources and expertise, and, in particular, the focus of university research related to disabilities. While university-based research may meet the needs of the university and its faculty, to many individuals, it did not seem to have much practical application to individuals and organizations working in the community, or reflected issues or concern to persons with disabilities.

Policy research was an area in which individuals had diverse views. Many expressed concern that without the political will, policy research would have little benefit. Individuals expressed that policy research was not needed, but rather what was needed is known and organizations had to develop ways to implement it, particularly since government was no longer providing leadership and direction.

However, individuals also indicated that knowledge about current developments and "best practices", related to either policy or programs, was frequently left up to the individual to find out about, and that individuals were often limited in their ability to uncover current developments. There was a strong need for organizations to know what worked and what did not work in program and service delivery. A Centre which could act as a resource, either providing information in a clearinghouse style, or by providing assistance to organizations to help them design and evaluate program and service delivery was identified. Reinventing the wheel was inappropriate at this time.

Questions were raised relating to the ability of one institute or centre to address the needs of the many labelled disabilities. However, individuals indicated a need to coordinate existing research, education, programs, and service delivery, and that a centre may be able assist this effort better than any single existing organization. Repeatedly individuals expressed the lack of an overall vision within the disabilities community, and the abdication of government from a leadership role in ensuring equal participation by all members of society. Individuals were uncertain whether a centre would be able to address these issues.

Within the context of the University of Regina, a proposed centre, would fall under Schedule B centres because of the interdisciplinary nature of disabilities studies. However, for a centre on disabilities to be effective, the orientation must be towards meeting the needs of the community. There would have to be a "shift" in the university perspective, away from how a centre can be important to the university, and towards how a centre has significance and meaning to the community.

6. *PROFESSIONAL EDUCATION*

The education needs of individuals working, either directly or indirectly, in the disabilities field were determined through interviews with individuals, and by reviewing professional development journals and documents, and course curricula from Canada and the United States. Data highlighted the need for training and education in two directions:

- preparatory professional education, and
- transdisciplinary professional continuing education.

6.1 Scope of Professionals Involved in Disabilities

Persons with disabilities will encounter numerous professionals as they grow and develop. Each professional discipline views disabilities issues through their own grounding assumptions which, at times conflict with those of other professions. The major systems which are commonly involved with disabilities include the health, social services, and education systems. The professional and para-professional groups involved with disabilities through each of the three major systems include:

Health	Social Services	Education
Medicine	Social Work	Daycare/Preschool
Nursing	Counseling	K-12 School
Dentistry	Recreation/Leisure Therapy	Post-Secondary
Psychiatry	Corrections/Justice	Vocational/ Training
Therapy	Adult Daycare	
Pharmacology		
Nutrition		

Until recently these systems existed relatively separate from one another; only when a disabled person was in contact with two or more of the systems did the systems overlap. However, overlap did not mean that the disabled person was provided with better service or a more thorough understanding of the disabled person's situation. Repeatedly, the need was expressed that professional/para-

professionals working with disabled persons not only required discipline specific education, but an increased knowledge of how other systems worked, and more importantly, how to access relevant programs and services, and work with professionals from other disciplines. One women participating in a focus group indicated that while her doctor was an expert in multiple sclerosis, he did not have any understanding of the physical or emotional changes she was experiencing due to menopause, and attributed her growing array of symptoms to her MS.

Even within systems, knowledge or information may not be available across professions. For example, professionals within the education system can readily access information about the needs of children with disabilities at the K-12 level. However, as the disabled child becomes a disabled adult and pursues advanced education and/or training, the knowledge of professional staff in post-secondary institutions of the needs of the disabled student was vastly different from their colleagues in K-12 institutions. In addition, persons with disabilities may experience differing levels of support when they move within the system; for example, technical aids which may be available through the K-12 school system may not be available for a disabled person attending a regional college program.

It is helpful to describe three frameworks/terminology through which groups of professionals interact with each other (usually through a variety of teams) and with persons with disabilities to develop, plan and deliver programs and services. These frameworks are:

- multidisciplinary
- interdisciplinary
- transdisciplinary

Multidisciplinary approaches involve professionals from several disciplines working independently of each other to develop and implement the part of the program or service which relates to their own discipline. For the most part, professionals using this approach work independently and in isolation from one another. Communication between professionals becomes critical, and one of the many concerns about multidisciplinary teams is that the burden of coordination rests mainly with persons with disabilities and/or

their family. Professional education usually focuses on issues within the discipline of the individual profession..

While professionals working within a *interdisciplinary approach* work independently, there are formal channels of communication established that encourage team members to share their information and discuss individuals results. Professionals remain responsible for sharing information with one another as well as for implementing their section of the program. Professional education is not limited to issues within the specific professional discipline, but includes experiences outside of their discipline.

Transdisciplinary approaches[4] also involve professionals from several disciplines, but the transdisciplinary approach attempts to overcome the confines of individual disciplines in order to form a team that crosses and recrosses disciplinary boundaries and thereby maximizes communication, interaction, and cooperation among team members. From the initial assessment to implementation, professionals from a variety of disciplines work together to develop, plan and implement programs and services; responsibility and accountability for the outcome rests with *all* team members. Professional education is an integral component of this approach, with learning primarily derived from other disciplines, and applied to team building activities.

The scope of needs for professional education related to disabilities must be addressed at both the entry level through preparatory professional education and through on-going continuing education opportunities.

6.2 Current Preparatory Education for Professionals

A examination of current preparatory professional/paraprofessional education programs offered in Saskatchewan was conducted, including program offerings at the University of Regina, University of Saskatchewan and Saskatchewan Institute of Applied Science and Technology (SIAST). The review was to determine *the degree to which*

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4. The term *transdisciplinary* will be used to refer to the interaction of professional groups except when the term interdisciplinary as part of the description of specific programs or services.

disabilities-related content was incorporated into core programming, to ensure that all graduates of a professional program had a minimum level of knowledge about disabilities.

6.2.1 University of Regina

Six programs, in which individuals involved with disabilities may be expected to receive their professional training, were examined; Social Work, Education, Physical Activity Studies, Arts (Psychology), Administration and Engineering.

In the Faculty of Social Work, five social work courses and one human justice course are offered which directly or indirectly relate to disabilities:

SW 412	Mental Health Services
SW 416	Aging
SW 431	Applied Developmental Concepts
SW 438	Interdisciplinary Approaches to Human Service Practice
SW 470	Social Work in Health Settings
HJ 313	Mental Health Services and Criminal Justice

While students may use these courses as electives towards Certificate of Social Work, or Bachelor of Social Work, none of the courses are required for graduation.

In the Faculty of Education, ten degree-credit courses are offered which directly or indirectly relate to disabilities:

EPSY 322	Students with Special Needs
EPSY 323	Designing Learning Environments for Students with Special Needs
EPSY 324	Individual Assessment and Instructional Adaptation for Students with Special Needs
EPSY 325	Psychology of Adjustment and Mental Health
EPSY 326	Change, Collaboration and Consulting: Students with Special Needs
EPSY 328	Communication Disorders and Students with Special Needs
EPSY 433	Teaching Strategies for Use with Learning

	Disabled Students
ERDG 425	Assessment and Treatment of Reading Disabilities
ERDG 435	Practicum in the Treatment of Reading Difficulties
EVT 432	Special Accommodations in Adult Vocational Education

Only EPSY 322 is a required course for the elementary BEd program. In the Secondary Guidance and Counselling minor, students are required to take three of six elective courses; EPSY 322 and 325 are two of the six approved elective courses. A Secondary Special Education Minor is offered requiring EPSY 322, 323, 324, 326 and 328. EVT 432 is not a required course for the Certificate or Bachelor of Vocational/Technical Education.

The degree of Bachelor of Physical Activity Studies offers an elective concentration of adapted physical activity studies. In conjunction with University Extension, a Certificate in Physical Activity Studies (Adapted) is offered. The certificate is designed to provide individuals currently employed in a variety of settings with the opportunity to develop competence in implementing and adapting physical activity programs to meet particular needs of disabled persons and special needs groups. All graduates with a bachelor of Physical Activity Studies must complete PAS 290 Adapted Physical Activities. The faculty offers nine degree-credit courses related to disabilities.

PAS 290	Introduction to Adapted Physical Activities
PAS 291	Introduction to Assessment in Adapted Physical Activity
PAS 293	The Physical Disabled
PAS 294	Developmentally Disabled
PAS 391	Advanced Assessment in Adapted Physical Activity
PAS 392	Physical Activity and Aging
PAS 393	Etiology of Disease and Disabilities
PAS 462	Issues in Physical Activity Studies
PAS 475	Exercise Prescription for Clinical Populations

In addition, in the faculties of Social Work, Education and Physical

Activities Studies, students are required to participate in practicum/ internship experiences. Through these experiences, students may encounter issues around the development, planning or implementation of programs and services for persons with disabilities.

In the Faculty of Arts, six degree-credit psychology courses related to disabilities are offered.

PSYC 255	Biological Foundations of Behavior
PSYC 333	Abnormal Psychology
PSYC 356	Human Neuropsychology
PSCY 410	Psychology of Exceptional Children
PSYC 411	Adjustment Failures of the Adolescent
PSYC 455	Selected Topics in Behavioral Neuroscience

To graduate with an Bachelor of Arts (Honours Psychology) only PSYC 255 is a required course.

In the Faculty of Administration, two courses which may include disabilities issues are offered; neither course is required for graduation.

Admin 306	Ethical Issues in Business
Admin 344	The Planning and Evaluation of Public Policy

In the Faculty of Engineering, all students are required to take ENGG 103 - Impact of Technology, which explores the effects technology has had on society, with an emphasis on engineering aspects and the engineering profession.

6.2.2 University of Saskatchewan

Six programs, in which individuals involved with disabilities may be expected to receive their professional training, were examined; Education, Physical Education, Arts (Psychology), Commerce, Engineering, and Law.

In the College of Education all graduates in the new program implemented in 1994, must complete EDEXC 390 - Exceptional Learners. In addition to this core course, additional courses in Education of Exceptional Children include:

EDEXC 348	Social and Psychological Implication of Exceptionally
EDEXC 349	A Survey of Educational and Ancillary Services for Exceptional Children
EDEXC 357	Introduction to Normal Speech and Language Development
EDEXC 358	Introduction to Speech and Language Pathology
EDEXC 410	Language and Communication Disorders in the Classroom
EDEXC 412	Exceptional Persons, Families and Professionals
EDEXC 414	Exceptional Learners: Classroom Implication

Additional courses related to learning disabilities include:

EDCUR 410	Diagnosis of Learning Difficulties in Elementary and Middle School Mathematics
EDCUR 344	Diagnosis and Correction of Reading Disabilities in Elementary Grades
EDCUR 448	Diagnosis and Correction of Reading Disabilities in Secondary Grades

In the College of Physical Education, two courses are offered related to disabilities:

P ED 422	Adapted and Corrective Physical Education
P ED 423	Physical Education for the Handicapped Child

Neither course is required to receive a degree in Physical Education.

Through the department of Psychology, in the College of Arts and Science, two courses are available:

PSY 216	Psychology of Aging
PSY 223	Abnormal Psychology

Neither course is required for a Bachelor of Arts (Honours in Psychology).

The College of Commerce offers both a Certificate in Hospital and Health Care Administration and a major in Health Care Administration as part of the Bachelor of Commerce. The Certificate in Hospital and Health Care Administration is designed primarily for individuals who are or will be involved in the operation of health care institutions. Courses offered in health care administration include:

HCA 332	Introduction to Health Care Administration
HCA 333	Health Agencies
HCA 339	Field Project
HCA 400	Honours Seminar in Health Care Administration
HCA 434	Health Care Law and Ethics
HCA 436	Policy Formulation and Planning in Health Care Administration
HCA 437	Current Issues in Health Care

In the College of Engineering, one course, G E 449 Engineering in Society explores, from a professional ethics point of view, the complexities of technological-societal interrelationships. The course is required in all specializations except Chemical Engineering. Outside of human rights and constitutional law courses in the College of Law, no courses with a major focus on disabilities are offered.

Programs related directly to medicine (Colleges of Medicine, Dentistry, Nursing, Pharmacy, and Physical Therapy), were reviewed to determine the extent of studies/courses focused outside of the medical model of studies and in particular how medical professionals interact with other professional groups. Admission to each of the Colleges requires between one and two years of study through the College of Arts and Science, usually fulfilled by completing first-year courses in science (such as biology, chemistry, and math) and arts electives. Each college offered at least one required course in the area of professional communications (communicating with other health care professionals), or interpersonal communications.

6.2.3 Saskatchewan Institute of Applied Science and Technology

Eight programs offered through SIAST were examined:

Early Childhood Development Certificate/Diploma (Kelsey and Woodland)
Diploma Nursing, (Kelsey and Wascana)
Home Care/Special Care Aide (Kelsey)
Recreation and Leisure Program (Kelsey)
Rehabilitation Worker Certificate/Diploma, (Kelsey)
Youth Care Worker Certificate/Diploma (Kelsey)
Psychiatric Nursing (Wascana)
Practical Nursing (Wascana)

With the exception of the Early Childhood Development Certificate Program and the Practical Nursing Program, all programs have mandatory courses related to disabilities. These include:

SPCR 181	Special Needs *(Home Care/Special Care Aide)*
SPCR 184	Work Effectively Special Needs *(Home Care/Special Care Aide)*
SPCR 189	Special Needs *(Home Care/Special Care Aide)*
ECD 246	Exceptional Children *(Early Childhood Development Diploma - Woodlands)*
ECD 253	Special Needs Practicum *(Early Childhood Development Diploma - Woodlands)*
SPSY 281	Studies of Exceptionally A *(Early Childhood Development Diploma, Rehabilitation Worker Certificate)*
SPSY 282	Studies of Exceptionally B *(Early Childhood Development Diploma, Rehabilitation Worker Certificate)*
SPSY 283	Studies of Exceptionally C *(Rehabilitation Worker Diploma, Youth Care Worker Certificate)*
SPSY 284	Studies of Exceptionally D *(Rehabilitation Worker Diploma, Youth Care Worker Diploma)*

SPSY 285	Mental Retardation *(Rehabilitation Worker Diploma)*
REC 184	Therapeutic Activities *(Recreation and Leisure Diploma)*
REC 184	Special Needs Recreation I *(Recreation and Leisure Diploma)*
REC 192	Special Needs Recreation II *(Recreation and Leisure Diploma)*
REC 288	Special Needs Recreation III *(Recreation and Leisure Diploma)*
REC 293	Special Needs Recreation IV *(Recreation and Leisure Diploma)*
NURS 265	Mental Health Nursing 3
NURS 266	Mental Health Nursing 4 *(Diploma and Psychiatric Nursing)*
NURS 279	Mental Handicaps *(Psychiatric Nursing)*

6.2.4 Summary

Preparatory education of professionals and paraprofessionals is a key element in education related to addressing disabilities issues in society. Preparatory professional education is likely the only opportunity when groups of individuals will receive a common understanding, orientation, and set of competences toward a specific topic. It is through professional education that the beliefs systems and perspectives of individuals in a profession are established, and through which they develop their framework of practice. For example, the type of relationship which the professional maintains with clients and other professional groups, or the direction of research conducted by the profession, will be directed by the belief systems of the profession. If disabilities issues are not visible during the period of professional education in which orientation to the 'culture' of the profession is established, then the emphasis the professional ascribes to disabilities will be limited.

In Saskatchewan, ensuring that disabilities issues are included in preparatory education for professionals and paraprofessionals is uneven. In preparatory professional education for non-medical specialists, only the Faculty of Physical Activities Studies (U of R) and the College of Education (U of S) ensure a minimum introduction to

disabilities issues related to the profession for all graduates.

The College of Education at the University of Saskatchewan has made a commitment to ensuring that all individuals entering the 1994-95 education program will have some degree of preparation for working with children with disabilities in the K-12 system. Dean Scharf states[5]:

> I think students in school have to have the orientation so that they have an obligation and responsibility to provide the best quality of life for one another as they can. Let's talk about social attitudes and acceptance and respect for other people. The difference between a non-disabled and a disabled person may be three seconds of inattention on the freeway. The kid who makes fun of his classmate with Down's Syndrome may grow up to one day have a child with Down's Syndrome himself. Or he may become brain injured himself. Congratulations, now you're the prize winner of the attitudes you've created.

While acknowledging that one course will not produce the kind of teachers required, the College of Education is beginning the process to ensure that all students have minimum preparation surrounding education and persons with disabilities. The objective is to eventually infuse disabilities throughout the professional education of teachers so that disabilities become a "dynamic woven through their college experience".[6]

An example of possible implications for not creating such a "dynamic" is the difficulties individuals with communication or developmental disabilities often have when they pursue complaints through the legal and justice system[7]. The recent set of protocols developed offers a remedy so that professionals and paraprofessionals working in the justice system are familiar with the need for different approaches

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5. Melberg Schwier, Karin, Interview with Dean Scharf, *Dialect, Newsmagazine of the Saskatchewan Association of Community Living*, April-June, 1994, p. 8.

6. Ibid

7. *Dialect*, Newsmagazine of the Saskatchewan Association for Community Living, April-June 1994, pp 9, 15.

when working with persons with disabilities. However, by their nature, all remedies are less than perfect, and cannot address belief systems created through intensive professional training. Such issues need to be addressed through all avenues of professional preparation and training.

6.3 Professional Continuing Education

It is important to provide a framework for what constitutes professional *continuing* education. Professional continuing education provides professionals with opportunities to understand their, "relationship to the complex environments in which they practice. Professionals do not work solo but are part of an "ensemble" that involves relationships with peers, the organization through which service is delivered, paraprofessionals on whom the professional depends to meet client needs, legislation, community concerns, and professional associations, to name but a few components.[8]

Research on the nature of professional continuing education continues to focus on the nature of professionals' ways of knowing. In particular, how professional knowledge is embedded in practice, and how professionals recognize what they do not know about doing their job in spite of years of preparatory professional education. Increasingly, the acquisition of additional competences, as identified and validated by subject matter experts, is being viewed as the tip of the iceberg of professional continuing education. Rather, professional knowledge and "knowing" involves professionals in a continuing dialogue with themselves, other professionals, clients, and individuals, and through which professionals constantly revisit a myriad issues and problems that they are grappling with. Professional knowledge is more than simply acquiring and storing more information, but focuses on the relationships between processionals. Consequently, professionals need opportunities which will help them articulate their practical knowledge, validate it and extend it to others.

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8. Nowlen, P.M. "New Expectations, New Roles: A Holistic Approach to Continuing Education for the Professions." in R.M. Cervero, J.F. Azzaretto, and Associates, *Visions for the Future of Continuing Professional Education.* Athens: Georgia Center for Continuing Education, University of Georgia. 1990.

6.3.1 Scope of Professional Continuing Education in Disabilities

Literature and studies on the scope of professional continuing education related to disabilities indicate three areas, which are inter-related and overlap:

- education to address gaps in service delivery,
- transdisciplinary studies, and
- train the trainer/leadership education

Training and development opportunities, provided to staff and volunteers in organizations, in association with initiatives undertaken within an organizational context are also provided. These include:

- education to facilitate agency cooperation, and
- education/training to address issues of organizational development (learning training, community development, planning for transitions, human resource planning).

Training related to these two areas will be discussed in Section Ten - Organizational Development.

The following discussion provides descriptions of models of initiatives used to address the professional continuing education needs within a variety of contexts in Canada and United States.

6.3.2 Education to Address Personnel Gaps

Innovative programs/demonstration projects, which provide training/education to address gaps in personnel for service delivery are frequently the focus of education to address gaps. The range of activities include providing education for professionals to assume additional professional roles, to education and training for individuals to assume paraprofessionals roles.

Rural Special Education Preservice Project, University of Kansas.[9]

The State of Kansas faced a continual shortage of special education teachers, combined with a large attrition rate in rural

9. McGinley, Kathleen H. *Improving Special Education Services in Rural Kansas*, ED 299 734.

school districts and special education cooperatives. Projections indicated that over 50% of the 159 special education vacancies would occur in rural districts. In addition, with changes to federal and state special education legislation, there was an increasing number of students who qualified for, and must be provided with, special education services. In response to this situation, the Special Education Department at the University of Kansas initiated the *Rural Special Education Preservice Project.*

The aim of the project was to provide special education preservice training for individuals who were currently, or may be employed in a rural setting, with the purpose of increasing the number of certified special education teachers. The project had two major components. The first was directed to identifying individuals currently working in rural districts and assisting them to pursue initial or additional certification in special education. This component was directly specifically towards teachers currently working in rural districts, and were nominated by district administrative personnel. The involvement of the school district was critical to ensure that participants would be placed in available openings. Participants continued to receive their full salary and were provided with stipends to defray travel/accommodation costs to attend courses at the University, as well as to participate in a four to eight week school year practicum.

An essential ingredient of the first component was an orientation seminar which addressed current issues crucial to rural special education. Seminar topics have included:

- An Overview of Rural Specific Issues as Reported in the Literature;
- Consulting Skills/The Importance and Development of Cooperative Relationships;
- Effective Parent/Professional Relationships; and
- Effective Use and Training of Paraprofessionals.

For each specific seminar topics, resource materials were developed and made available for teachers throughout the state.

The second component targeted the development and dissemination of rural specific information to faculty members at the University of Kansas. This aspect of the project was based on the premise that a knowledgeable faculty is required for effective rural teacher education and; any program designed to prepare individuals to teach in a rural environment must go beyond the generic skills specific to success in this environment.

Over the three years of the project, 45 teachers from rural districts will have completed or made strides toward special education certification. The response from school district administrators have indicated a high level of satisfaction with the training and the project organization. Three aspects of the Rural Special Education Preservice Project were instrumental for success:

- Open collegial communication among all involved parties (project staff, district administration, teachers, and faculty members)
- Establishing evaluation methodology and on-going utilization of evaluation information to assure effective service delivery and accountability.
- Continued availability of the university as a resource for preservice and inservice training and staff development.

The Centre For Educational Leadership Summer Institutes at McGill University in Montreal offers a series of week-long institutes each summer, which among other professional continuing education programs, focus on providing teachers and school administrators with current information on disabilities. For example, in the summer of 1995, the topic was Including Students with Disabilities - Strategies for Classrooms, Schools and School Districts, and consisted of five, one-day workshops on:

- Leading the Inclusive School: Administrative Support
- Introduction to Practical Strategies for Inclusive Classrooms
- Strategies for Breaking New Ground and Managing

Conflict in Inclusive Schools

- Effective Strategies for Student Engagement and Empowerment
- Children and Youth Who are Troubled or Troubling: Creative Responses and Supports.

The Family Day Care Project Training Model[10] was a three-year, federally funding demonstration program, to train family day care providers in Michigan to care for children with special needs. Family day care is the most frequently used form of child care in Canada and the United States. Unlike centre-based care, family day care typically reflects the personality of an individual provider rather than a particular theory of child development. Training and development opportunities for the family day care provider were limited because the day care is often unregulated and unlicensed. Yet family day care provides a significant link for parents seeking day care for children with special needs. The aims of the project were to:

- instruct providers about the characteristics of special needs children,
- enhance interactions between providers and all the children in their care, and
- increase providers' knowledge about child development with particular emphasis placed on understanding development stages and the relationship of these stages to the planning of appropriate activities.

The project provided a set of 13 half-day sessions that focussed on general child development issues and specific concerns related to children with special needs; biweekly home visits from the special services coordinator, to address issues of maintaining appropriate development activities, as well as overall consultation about quality caregiving; inclusion of one to two disabled children in each provider's home upon completion of the training sessions; and structured and unstructured opportunities for contact with other providers and

10. Jones, S.N. and S.H. Meisels (1987), Training Family Day Care Providers to Work with Special Needs Children, *Topics in Early Childhood Special Education*, 7, 13-27.

professionals.

Results from the project indicated significant positive change for the participants from pre- to post-training, and that providers were in a position to accept disabled children into their family day care. The benefits that accompany the elevation of training and status for the family day care provider should over time offer additional options for parents seeking options for day care for their child with special needs. Additional research identified include: What type of special needs child is effectively served in family day care rather then centre-based day care? Do disabled children progress at the same rate in family- versus centre-based situations? Does mainstreaming in family day care homes entail any negative consequences?

Technical Assistance Program[11] (TAP) operated by the Society of Crippled Children in Cleveland Ohio is involved in staff development, using a consultation model. For example, in response to a parent request, the TAP teacher identifies possible centres or homes which may be suitable for the child. The TAP teacher meets with the directors, describe the child to be enrolled in order to secure the directors agreement to enroll the child in the centre. The TAP teacher meets with the staff to discuss the child's needs, and plans, with the staff, the initial orientation to the special problems of the child. On-going consultation is provided through on-site visits, working directly with staff who adapt and modify activities for the child, and provide immediate feedback to the day care centre staff. The number of days the TAP teacher spends at the centre depends on the child's adjustment, and the assistance centre staff require.

Medically Fragile Inservice for Related Services Teams (M-FIRST)[12] through the Child Development and Rehabilitation

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11. Klein, Nancy, and Robert Sheehan (1987), Staff Development: A Key issues in Meeting the Needs of Young Handicapped Children in Day Care Settings, *Topics in Early Childhood special Education*, 7, 13-27.

12. Bennett, F.C., P. Haley, G. Smith, and J. Valluzzi, Inservice Programs for Related Services Teams Serving Medically Fragile Children. *OSERS News in Print*, Spring 1993, 31 - 35.

Centre, Oregon Health Sciences University addresses the needs of school-based personnel to provide for the growing number of children with severe, chronic health impairments entering school. Under legislation, children with disabilities must be provided with an appropriate education in the least restrictive environment. This situation created uncertainty for parents of medically fragile children who, for the first time may be entering a regular school system, and for school personnel, including special education staff, who may have never had to deal with medically fragile students before. The project provided inservice training for personnel using a team approach. The project was piloted with six communities in Washington and Oregon - sites were selected to yield a cross-section of large, mid-size and small communities in urban, suburban and rural settings. The diversity of sites proved to be effective in reflecting the variety of community needs. For example, in urban and suburban areas with multiple resources, a primary concern was communication, while rural areas faced problems related to a simple lack of available services and personnel.

The project first recruited teams in each community which reflected the unique situation of each community. In urban areas, the team consisted of almost all school district personnel, while in rural areas, members of public and private agencies and other individuals were selected and reflected how services were normally delivered in the rural areas. The second phase identified training competencies including:

- technical skills including clinical procedures and related activities,
- team process training covering interdisciplinary team function, team support, leadership, case management, and issues surrounding grief and loss, and
- service delivery topics included safety measures, legal and ethical implications, and the management of transitions between home or health care facility settings to school.

Training was provided in a number of formats, including:

- summer institutes consisting of four full days of intensive

training;

- conference presentations throughout the school year,
- development by the team of follow-up goals and plans to be completed during the school year, and
- accessing technical assistance to respond to specific needs.

The overall impact of the project has been positive. In addition to individual team members demonstrating competencies and abilities to work with medically fragile students, the team process has ensured parents that their children's needs were met, and school administrators have seen results in an increased understanding by school personnel of what the child and family is going through. An in-service training model and training materials have been developed which can be applied in any school district in the United States.

6.3.3 Transdisciplinary Studies

Transdisciplinary education approaches have increasingly been emphasized in professional continuing education, primarily because effective responses to meeting the best interests of the client require drawing upon a number of professional perspectives and knowledge. Corresponding with the use of transdisciplinary responses to meet client needs, is the need for professionals to learn about other professional perspectives on treatment and service delivery. Legislation in the United States requiring interagency cooperation has provided the framework and funding sources to encourage the development of such transdisciplinary professional continuing education.

Professionals trained in an *expert model of practice* often find the transition to collaboration and shared decision making difficult, and retreat to their 'comfort zones of expertise and self-interest'. Programs offering opportunities to combine continuing education with practice in a collaborative environment assist professionals to feel comfortable working in collaboration. As professionals became more familiar and comfortable with collaborating with other professionals, collaboration with other groups, such as parents, also becomes easier. Examples of such models include:

University of Illinois' (Chicago) Therapeutic Partnership Project[13], was a three-year in-service training project designed to address manpower shortages, promote models of therapeutic practice that are family centred, and provide a professional development program. The project aimed to:

- recruit therapists into early childhood practice who have not been working or who are working in other practice areas,
- retrain therapists who need additional training to meet the new demands in early childhood practice, and
- enhance the skills of advanced practitioners so they can provide specialized care to children with complex health care problems, and their families.

The curriculum model integrated didactic and practicum experiences in four major areas; family-centred services, maximizing developmental outcomes, interdisciplinary collaboration, and innovative models of service delivery. The program was based upon the belief that best practice results when therapists:

- form effective partnerships with young children, their families and other providers,
- recognize, respect and integrate the perspective of all members of the intervention team including families,
- share the responsibility for service planning and implementation,
- use their knowledge and apply their skills in a cost-effective manner to maximize developmental outcomes and
- contribute to the effectiveness of partnerships by sharing expertise and learning from other professionals.

Throughout the design and implementation of the project, collaboration with families, community clinicians and professionals from related disciplines were consulted. The perspectives of parents were particularly important and resulted

13. Lawlor, M.J. and E.A. Cada, Partnerships Between Therapists, Parents, and Children, *OSERS News in Print*, Spring 1993, 27-30.

in four key areas for training to focus on:

- *parents' expectations of therapists*, (parents expressed that therapists were not expected to be knowledgeable about all conditions, but it was necessary for a therapist to know how to access other resources),
- *parents' needs/issues* (issues parents face as parents, and issues parents face related to being a parent of a child with a disability, including such things as flexible therapy schedules, not having to change therapists, and consideration of family time),
- *things that make parents angry* (insensitivity that people showed toward parents, families and children with disabilities), and
- *advice and suggestions from parents* (things that might help a therapist relate to a family, parent or child)

Through the implementation of the project a number of lessons were learned for future interdisciplinary professional continuing education. The movement to family-centred models of service delivery required a reframing of many of the traditional assumptions that support therapeutic practice. Preparatory professional education does not prepare therapists to make fundamental shifts in their practice, including a redefinition of the nature of the work of therapy, development of collaborative partnerships, forming new types of relationships with parents and other caregivers, and implementation of service delivery systems that are more responsive to the needs of families. The success of the project was a result of the willingness of people to think in different ways, however, many therapist reported that they were struggling to achieve structural changes within their organizations.

A collaborative program between two university departments at West Virginia University was developed so that ***preservice and inservice school counselors and vocational rehabilitation counselors*** could cooperate in facilitating the transitions of individuals with disabilities from school to community living.[14]

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14. Coombe, Edmund, *Training School and Rehabilitation Counselors to Provide Cooperative Transition Services*, ED 369 638.

The reason for developing the program was that school guidance counselors and vocational rehabilitation counselors are peers who should be able to cooperate in the transition process as they both receive training in skills such as student social adjustment problems and post-school decision-making needs. However, rehabilitation counselors are often not trained to understand special education within the school context, and conversely school guidance counselors often have not been trained to work with disabled persons on their transition needs. In fact, in many jurisdictions, general educators, or guidance counselors were not required to develop competencies associated with students with disabilities. To address this situation, two university departments, with participation from public schools and adult service agency representatives, designed an innovative collaboration program which provided rehabilitation and school-counseling students with nine semester hours of training which included a special education elective, transition competencies, and a one-semester practicum with a focus on transition services.

San Francisco State University developed a certificate program to prepare professionals to work with children with special needs from birth to 5 years and their families in a variety of settings[15]. The interdisciplinary preservice training program was developed, at a graduate level, in response to identified state and local personnel preparation needs and implemented through a combination of academic coursework and field-based experiences. The development of this program demonstrated a process whereby a university education program can respond to state and local needs. It also demonstrated the challenge in designing a program that incorporated the diversity of skills needed in early childhood special education, with the range of professionals currently working this area in many different service delivery settings.

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15. Hanson, M. J., M. F. Hanline, and S. Petersen (1987), Addressing State and Local Needs: A Model for Interdisciplinary Preservice Training in Early Childhood Special Education, *Topics in Early Childhood Special Education*, 7 (3), 36-47.

The origins of the program stemmed from an increasing number of states defining how young children with special needs should be served; in addition the passage of the Education of the Handicapped Amendments in 1986, required additional action in this area. Representatives of various groups met to define necessary competencies and make recommendations as to how professionals in early childhood special education should be "authorized". Although no formal standards were immediately developed, there was a continuing increase in the number of programs serving a young population, along with a subsequent need for training opportunities for professionals involved in these programs.

The background and training of the professionals staffing these programs were varied. Programs funded with education funding required a teaching credential; while programs funded through other agencies may not have required a teaching credential. Regardless of whether or not a credential was required, the professional's training may not have included early childhood or family issues. In addition, a variety of other professionals were employed in early childhood special education settings, such as occupational and physical therapists, speech therapists, nurses, psychologists, and social workers. While each profession required licensing or credentialing by their professional group, no guarantee existed that these professionals would have had pediatric experience or experience with a wide a variety of developmental disabilities. The challenge was to devise mechanisms for ensuring professional standards in early childhood issues across professions.

While a master's degree program was developed and available for preservice training, many professionals, already credentialed in their original professional discipline, were not interested in undertaking a master's degree program. Consequently a certificate program in early childhood special education was also developed which included a limited curriculum of advanced graduate courses, with an emphasis in one of three areas: infant intervention, preschool intervention and family services. Program components included a combination of coursework, an

internship and extensive field-based experiences. Throughout the certificate, the focus was on interdisciplinary training by drawing coursework, field experiences, and internship placements from a wide range of disciplines and agency settings.

At ***Kansas State University***, the department of Special Education in conjunction with the Social Work program developed a joint program using interactive videodisc-based instruction to provide inservice training for rural social workers to develop skills for working with children and families with disabilities.[16] The program was a result of recognizing the unique problems of providing services for disabled students in rural areas where geographical isolation, population density, and limited fiscal resources were constraints which could not easily be alleviated.

A major player in the delivery of services to rural special needs children was the rural social worker, however social workers do not necessarily have formal training in special education. However social workers are important team members, especially with low income or at-risk families. As with many other professionals serving rural areas, rural social workers are usually generalists, but they assume multiple roles even though they may not have the specific training necessary to work with disabled children and their families.

Just as social workers do not have knowledge about special education laws and services, or about disabled children, special educators often do not understand the role of the social worker, and there is often little communication between the two, even though both may be working with the child and the family. The rural environment limits the ability of professionals to leave work to travel to university settings to pursue professional continuing education. While distance learning opportunities have multiplied greatly in recent years, relevant course work and access to the technology necessary to participate in these

16. Thurston, L.P. et.al, *Interactive Technology to Teach Rural Social Workers about Special Needs Children and Their Families*, ED 358 987.

opportunities were not usually directed to such a specialized audience. A major technological advancement in training was interactive, videodisc-based instruction, which utilizes individualized training approaches, and provides advantages of timeliness, flexible training periods, effectiveness and multiple applications. The approach was capable of providing the type of staff development needed for busy rural human service workers.

The project undertaken by Kansas State University incorporated information and skill development focussed on special education within a social work framework. In addition to being used as inservice training for social workers in the field, was also applied to preservice training for students studying social work, and for this application was supplemented with field experiences at rural sites.

At ***Senior University*** in British Columbia, through its School of Health and Human Services, mature students pursue degree studies in disabilities studies through guided, independent study. Senior University recognizes that older, accomplished adults have a rich variety of learning experiences for which they deserve personal and academic recognition. The approach offers a non-residental university experience combining independent study, one-on-one supervision, and telecommunications methods to enhance professional continuing education opportunities. Content areas include:

- disability assessment,
- disability treatment and rehabilitation,
- medical, psychological and ergonomic fundamentals of disability,
- professional ethics and standards of practice for the disability consultant,
- economics of disability,
- forensic issues, and
- disability prevention and applied methodologies for empowering the disabled.

Many of the established and innovative programs focus on the

transdisciplinary training for professionals working in early childhood settings or with individuals of school age. An area receiving increasing focus is that of transdisciplinary training for professionals working with older adults, or seniors with disabilities. While there are gaps in professional continuing education, when viewed through a different framework, this is a positive development. It indicates a degree of success in integrating persons with disabilities into society. The next transition stage in an individual's lifespan must be undertaken. For persons with disabilities who have participated in the workplace, they are now facing the challenge of retirement which may mean a withdrawal of support services received for their disability through their employment. In other instances, the combination of family and community support systems available to persons with disabilities change; family caregivers may themselves be aging and encountering disabilities associated with age. In the past, lifespan development could be limited for persons with disabilities, with much of the lives spent in public institutions. Consequently, needs surrounding aging and retirement were not of immediate concern. However, increased longevity, resulting from more readily available services and improved health status have contributed to a greater awareness of the lifespan development of persons with disabilities and aging, and consequently, the programs and services required.

Professional continuing education programs blend available expertise found in gerontology and geriatrics disciplines with the expertise found in developmental disabilities programs. As with other systems the gerontology/geriatrics system and the disabilities systems differ. For example, the disability system has its roots in two significant movements; vocational rehabilitation, in large part prompted by the needs of returning disabled veterans, and the parent advocacy movement, which pushed for services within specialized or generic settings for persons with disabilities. The aging network's roots derive from movements more closely related to extending existing social services. Similarly, professional orientations differ. The focus of professionals working in the disabilities focus is largely on education interventions, primarily special education and rehabilitation. Whereas, in the aging field the focus is on various community supports necessary to maintain normal functioning as long as possible. The technological emphasis in the aging field is not only on

individuals, but on service provision and the availability of social environments - senior centres, activity programs - the focus is on the group. In the disabilities field the focus is almost exclusively on individual needs.[17]

6.3.4 Train the Trainer/Leadership Education

Critical to all endeavours related to professional education (preparatory) and professional continuing education is ensuring that practitioners (both future and present) have the opportunity to work directly with individuals who are influencing the research, and consequently the professional practice, related to a variety of aspects surrounding disabilities. An example of a such leadership education model is:

> ***Leadership Training Institute for Faculty Involved in the Preparation of Family Practitioners***[18] is a collaborative project involving the Early Childhood Programs Team at the Center for Developmental Disabilities, (a UAP at the University of Vermont), and Parent-to-Parent of Vermont, a non-profit family support agency. The institute brings together faculty from the early intervention preservice programs to develop skills and knowledge to pass on to future professionals. Parent-to-Parent was an integral part of the Institute, providing co-faculty (parents) for the Institute. The goal of the institute is to assist faculty from the disciplines of social work, medicine, nursing, speech and language pathology, early childhood, special education, occupational and physical therapy, and psychology to infuse collaborative, family-centred care into all aspects of professional preparation activities. The need identified was to facilitate parent-professional working relationships during preparatory training of human service professionals. The Leadership Training Institute offers faculty an opportunity to explore ways to prepare professionals to fill new roles in their practice.
>
> The Leadership Training Institute is a week-long series of

17. Relevant models incorporating professional continuing education are discussed under *7. Interagency Coordination* and *8. Transition Programs*.

18. Rooney, Robin, *Distinctive Personnel Preparation Models for Part H: Three Case Studies*, ED 355 692, 1993

presentations and activities to assist faculty from across early intervention related disciplines to explore the principles of the family-centred approach with colleagues from other professional preparatory programs, and with parents/families. Topics covered during the Institute include the philosophy, ideology, principles, and definitions of parent/professional relationships. The Institute also teaches faculty how to incorporate parents into professional preparatory programs as co-teachers, co-faculty, and consultative experts on families. The University of Vermont and Parent-to-Parent have a long history of cooperation through providing practicum/field experiences for students. These experiences provide a model for faculty on how to use families as resources for preparatory professional education. In addition, parents help define training objectives for students and evaluate student performance relative to the training objectives.

The Institute also is an opportunity for participants to commit time to curriculum development, including developing action plans. Action plans and goals range from sharing information and incorporating new ideas into existing coursework, to increase parent advocacy, and to add new courses to their own preparatory professional programs.

Program results indicate that the Institute is serving its purpose, that of retooling faculty to prepare professionals for collaborative, family-centred practice. Useful strategies included the modeling of families as co-faculty, the action plans generated during the Institute, and the cross-fertilization of ideas and options between faculty and families.

6.4. Facilitating Professional Education

To facilitate professional continuing education, three elements need to be considered:

- processes to identify auspices: transdisciplinary training needs to be sponsored, planned and coordinated equally by the relevant networks involved to avoid the perception

that the training is "owned" by one system only. To ensure these types of processes occur, there must be:

- effective promotion of, and support for agency cooperation, which increases the likelihood that the training will be meaningful for participants, and that professional and practical expertise from relevant systems will be used. Closely related to agency cooperation is,
- developing networks which, in turn, are committed to the practices of transdisciplinary training, and agency cooperation.

Professional education at the university level can take several forms, ranging from:

- developing modules on transdisciplinary studies in disabilities to be infused into existing credit courses (either at the certificate, undergraduate or graduate level),
- building on knowledge gained from course infusion and design a credit semester course on transdisciplinary studies in disabilities studies,
- developing opportunities for linkages between preparatory professional education and community agencies (such as guest speakers, field studies),
- developing networks, both in-person and electronic, to support professional conferences and non-credit courses with an transdisciplinary focus.
- assisting in maintaining or establishing training consortia. As the name implies, a consortium is a formal agreement among organizations to share training resources, which may be dollars, course content, or both. Member organizations in a training consortium share a spirit of cooperation that is not only energizing, but an economical way to stretch limited training dollars.

7. *INTERAGENCY COORDINATION*

Interagency coordination is a concept supported in principle but difficult to implement[19]. Much of the literature on interagency coordination originates from the United States as a result of legislation. *Part H of the Individuals with Disabilities Act (IDEA)* mandated coordinated service, specifically the legislation required participating states to bridge the partitions between state agencies in order to remedy fragmentation and lack of coordination. American studies indicate that the most frequently mentioned barriers to service coordination includes:

- agency rigidity,
- lack of leadership and involvement form high level decision-makers,
- protection of turf, particularly when limited resources are available, or competition for financial resources are high, and
- conflicting state and federal policies.

A study which examined the nature and scope of interagency coordination efforts[20] in the United States, found that even through service coordination was mandated through legislation, there was widespread commitment by personnel in agencies to implementing coordination. Goals and activities have been broad, involving many agencies, programs and providers in the public and private sectors. While the services made available to the eligible population under Part H of IDEA have narrowed over time, at the state level, broader initiatives have been undertaken through the efforts of interagency coordination. Another finding of the study, which demonstrated the level of commitment to coordination, was the number of formal interagency agreements developed and the amount of collective vision

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19. The term *"interagency coordination"* will be used to describe, in a generic way, the work of two or more agencies, organizations or government departments to coordinate programs and activities. In describing specific programs, the actual terms of network, coordination, cooperation or collaboration will be used as appropriate.

20. Harbin, Gloria, et al, *Service System Coordination under Part H of IDEA: A National Survey Report*, ED 357 528

setting reported.

The study revealed several unexpected findings. One of the most unexpected findings related to the effect of Part H upon the various policies of other relevant programs. In fact, other agencies and programs actually changed their policies to be complementary with Part H early intervention policies since Part H was recognized as state-of-the-art in early intervention. The study indicated that Part H legislation acted as a stimulus to create opportunities to bring the policies for many programs more in line with what is known about effective delivery of programs and services.

Another significant finding was how much flexibility was allowed at the local community level in choosing their lead agencies, particularly when the designation of lead agency carried an element of prestige and power, and at times, the transfer of funds. In general, there was a great deal of respect for local differences, and the need for locally driven coordination efforts.

The extent of self-assessment and evaluation of interagency coordination was unexpected, particularly during times of scarce financial resources. The expectation was that available financial resources would be directed to providing service, since there is never sufficient funding to provide needed services to all client requiring them. Given the multiple barriers inherent in evaluating interagency coordination, the degree of commitment and effort to evaluate activities and programs was a significant finding.

Three factors were considered important to the successful implementation of interagency coordination, including:

- external environmental factors (nature of the political pressures, type of funding available, legislative mandates and demographic trends),
- intra-organizational factors (available resources, degree of consensus within the organization, and degree of interdependence with other organizations), and
- inter-organizational processes (history, structure, role conflict of group members, behavior of individual members and the provision of leadership).

One of the continuing concerns expressed throughout the literature review of interagency coordination, and from interviews with Saskatchewan organizations was, that while there was an instinctive feeling for the need for some level of coordination, concern was expressed about developing a responsive, effective system that would serve agencies and communities rather than a political need. Harbin's study indicated a set of results which show promise about the future of interagency coordination, even when the initiative was mandated, and planned, organized and fully implemented in a short period of time.

7.1 Models of Interagency Coordination

Terminology and models surrounding interagency coordination provide a framework for understanding the dynamics of interagency coordination. One major obstacle to understanding the concept of coordination is the lack of a single definition. This lack of clarity has its obvious impact on policy and planning discussions around implementing interagency coordination. The terms networking, cooperation, coordination and collaboration are interchangeable in some settings, and yet have clear meanings in other settings. The most common view of the terms is that networking, cooperation, coordination and collaboration constitute a continuum of inter-organizational relationships, ranging from the simplest (networking) to the most complex (collaboration). In general the major factors distinguishing the four terms are the level of autonomy of the agencies and the degree of shared power in decision making among the agencies.

Networking is viewed as exchanging information for mutual benefit and is the most informal form of interagency coordination. An example of networking is when organization, programs, or individuals having a common interest in disabilities issues agree to meet monthly to share ideas and concern. On occasion, action may emerge to solve a problem or generate additional interagency efforts. In Saskatchewan, networking is the most frequent form of interagency cooperation usually involving relatively small geographical areas (Regina Counsellor's Network involving counsellors from a broad range of organizations including disabilities groups, or informal

meetings with Regina-based disabilities groups).

Coordination is exchanging information *and* altering activities for mutual benefit and to achieve a common purpose. Coordination requires more organizational involvement than networking, but is an important strategy for change. It is most useful when all parties affected by proposed changes share in decisions about the possible consequences of the changes. *Cooperation* is exchanging information, altering activities *and* sharing resources. Shared resources may include staff, work space, training, information, funding, and, in some cases, legal arrangements. *Collaboration* is exchanging information, altering activities, sharing resources, *and* enhancing the capacity of another organization. Members of a collaborative effort view each other as partners and are willing to share risks, resources, responsibilities and rewards.

There are primarily four *models or approaches* to interagency cooperation:

- ❒ single program: although technically not interagency coordination, this approach does include informal arrangements to provide services for clients, using informal community networks,
- ❒ program within a lead agency provides most of the services; negotiates very few agreements, but when necessary negotiates individually with agencies,
- ❒ lead agency provides leadership for coordinated planning and policy development; lead agency is responsible for administration of interagency efforts, and involved agencies remain autonomous, coming together to address common concerns, and
- ❒ no lead agency is designated, and all agencies are equal partners in the interagency unit; partnership model.

7.2 *Programs Demonstrating Interagency Coordination*

The following are examples of the range of interagency coordination activities. The examples show some elements of the four models of interagency coordination, but each example models a response to

specific community/professional needs and issues, and consequently can not "fit" entirely into the models/approaches described.

Breaking New Ground[21] (BNG) is a U.S. Department of Agriculture National AgriAbility Project directed towards rural communities, county/city government leaders, agricultural businesses, rural professionals, and cooperative extension service personnel. BNG networks within these systems to assist rural communities with the education and training needed to implement the Americans with Disabilities Act (ADA). BNG provided ADA accessibility assessments within rural communities, and distributes accessibility information and training through rural networks using more than 200 extension agents. The project is an example of the scope of activities that a single agency can provide to a variety of networks and communities. Critical to the success of this approach to interagency coordination was the size and depth of the organization. The U.S. Department of Agriculture has existing networks which can be effectively employed to tap into rural community networks to provide information and assistance.

Oneida County Aging and Mental Retardation/ Developmental Disabilities Coalition[22] is an example of a coalition of developmental disabilities and aging network agencies which came together to plan, advocate, and address issues related to aging individuals with developmental disabilities. Agencies in the coalition maintain their independence and control over programs and services, but work together to address common issues. The local county's Association of Retarded Citizens, provided resource support for the coalition, including an independent living centre, state developmental services agency, state psychiatric facilities, a college with a gerontology education program, and the country Office for the Aging. Activities and projects of the coalition have

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21. Dwyer, Kathy (ed), Common Threads '93: Equitable Solutions...Because Disability is a Natural Part of Human Experience, *Proceedings of a National Conference on Rural Disability Issues*, Missoula, Montana, 1993.

22. Janicki, M.P. and R.M. Keefe, *Integration Experiences Casebook: Program Ideas in Aging and Development Disabilities*, New York State Developmental Disabilities Planning Council, ED 350 729.

included:

- organizing a series of ten-week cross-training sessions,
- sponsoring a series of national teleconferences on aging and developmental disabilities downlinked to 46 sites in 23 states,
- initiating a statewide search for unidentified older people with developmental disabilities through an electric company's bill supplement,
- sponsoring ongoing advanced training workshops for staff development,
- guiding integration projects with senior centres, nutrition sites, and senior activities in the community,
- awarding annual scholarships for undergraduate or graduate training in aging and developmental disabilities,
- offering a supportive retirement programs, and
- promoting staff exchange days among coalition agencies.

Some of the essential elements in this interagency coordination included:

- cross-training to create bridging networks, and provide a common knowledge base which provides information from different viewpoints,
- linking with a university centre or local college to provide additional resources and credibility to the training, and
- staff exchange opportunities to promote integration activities,

The agencies involved in the coalition found that systemic integration overseen by a coalition was much more effective than fragmented activities, and proved a model for sustainable operation for agencies. Program-based activities had short term life expectancies based on the length of the program, and did not overcome inherent fragmentation. In a coalition approach, program development and implementation for programs was not driven by funding, but rather by a philosophical base, which was found to attract additional and new funding.

The ***Coalition for Students who are Medically Fragile and***

Technological Dependent[23] is an example of a partnership approach to interagency cooperation. The primary reason for the coalition was the increasing number and complexity of needs exhibited by children with special health needs as a result of federal legislation supporting participation in the public schools by children who are medically fragile and technology dependent. At a time when resources in educational settings were being diverted from special care populations, and when rural schools in the state of Alabama had extremely limited resources, meeting the intent of the legislation required new approaches to practice. Potential participants in the coalition were from a variety of disciplines, settings, and communities. They included parents, educators, nurses, physicians, physical therapists, occupational therapists, speech pathologists, social workers, school counselors, special education coordinators, case managers, hospital discharge planners, child life directors, school superintendents, principals, and legal advocates. The coalition collaboratively developed a series of purpose statements which would guide the work of the group regarding service delivery to medically fragile students in educational settings. The purpose statements included:

- gain clarification of professional roles and responsibilities in education settings,
- ensure appropriate training for families, caregivers, and all educational personnel involved in the child's educational process,
- develop recommendations regarding guidelines for state-wide implementation to meet health-related and educational needs,
- develop grassroots lobbying of legislators to gain funding for personnel preparation programs, inservice and community-based training and provision of appropriate direct services,
- develop and provide educational awareness to the general

23. Bartlett, C.R., *Developing Medical and Educational Partnerships in School Settings to Meet Health-related and Education needs of Students who are Medically Fragile: How Can Rural Schools Catch That Elusive Rainbow?* ED 369 613

public,

- ensure the State Department of Education required teachers who work with students who are medically fragile and technologically dependent to be certified in Orthopedic and Other Health Impairments, and
- ensure that Alabama has a least one graduate level personnel training program to certify teachers in Orthopedic and Other Health Impairments.

Each purpose statement was assigned to a working committee charged with the responsibility of developing appropriate goals and objectives. One of the stated reasons for the success of the coalition was the willingness to collaborate between disciplines across medical and educational fields, and to develop legislative and professional support.

7.3. The Saskatchewan Context

An example of an project involving interagency cooperation is the ***Saskatchewan Individualized Funding and Brokerage Project*** sponsored by Saskatchewan Seniors Mechanism, South Saskatchewan Independent Living Centre, and City of Regina's Advisory Committee on Access. The project, with funding from Health Canada, sees seniors and persons with disabilities working together to establish a research, education, and consultation process to lead to the development of province-wide individualized funding and brokerage services in Saskatchewan. Processes will be established to persons with disabilities to identify their needs, maximize the use of existing resources, and to develop individual contracts for the purchase of services which meet their needs in an appropriate and effective manner. The project is working to produce the following outcomes:

- develop a model of individualized funding and brokerage services in Saskatchewan,
- develop cooperative relationships and partnerships with key service providers and long-term funders,
- provide a mechanism for the coordination of the full range of independent living services including attendant care,

homemaking, home maintenance, specialized medical care, relief care and respite care,

- ❒ support and initiate the development of services where none currently exists, and
- ❒ provide a bridge between the seniors movement and the independent living movement, and create the basis for communication, education, cooperative work and joint action between the two constituencies.

In interviews conducted with twelve executive officers/staff of disabled persons' organizations indicated that a barrier to their organizations becoming more effective in cooperating to address disability issues included:

- ❒ territorial turf protection among service providers which is, to some extent, created or condoned at the political level,
- ❒ lack of infrastructure, particularly between funders,(municipal, provincial and federal), which contributes to turf protection,
- ❒ lack of cooperation between government and non-profit service providers, and
- ❒ differing orientations to client needs.

Consequently, programs and information about programs are fragmented and difficult for consumers to access. Several individuals noted that it is to the advantage of the political community to keep the disability organizations fragmented, so that issues around providing adequate services and programs do not have to be addressed. At the same time, many indicated that disability organizations need to re-assume responsibility to ensure coordinated efforts and joint action, as well as effective use of scarce and limited funds.

It was also noted that government continually changes their role (sometimes they are service providers, funders or initiators of programs/services that may or may not be transferred to non-profit organizations). A redefinition of the roles for government and non-profit organizations is needed. Then both sectors can work together to ensure that long-term plans are developed and implemented. The shifting winds of what is "politically sexy" does not serve disabled

persons.

Individuals supported the concept of a university-based Centre on Disabilities, but did not want to see another institution that would create more fragmentation or absolve politicians, and governments of responsibility for ensuring adequate programs and services for persons with disabilities.

7.4 *Interagency Coordination and Aboriginal Communities*

Interagency coordination needs to be viewed through a different perspective in aboriginal communities; primarily focussing on the interrelationships between the various levels of Indian government (Federation of Saskatchewan Indian Nations, District Councils and Band Councils); and the interaction between reserve communities and disabled persons' organizations.

The process of moving responsibilities for providing numerous programs and services to Indian governments has created a situation of transition (and confusion) in most aboriginal communities. This situation has largely forced disabilities issues off the current agenda as the foundation is built by Indian governments to assume the delivery of programs and services. Although there is awareness of the need of aboriginal disabled persons, the ability to provide services is currently limited.

The current level of services depend on how flexible band councils were in adapting existing band services to meet the needs of disabled individuals. For example, providing accessible housing for individuals was easier than providing on-going physical therapy or long-term care. Meeting the basic education needs of mildly disabled persons was readily available, but severely disabled individuals would likely have to leave the reserve for services. The level of services was conditioned by two factors: the usually limited number of individuals on reserves with disabilities, and the location of the reserve. Although there were a large number of aboriginal persons with disabilities in Saskatchewan, at the band level, there may be only a few, each with very different disabilities. Reserves which were located closer to well-

serviced centres, will likely be able to provide access to a wider variety of specialized services.

District Chiefs are currently undertaking a study to examine the health care needs on reserves and discuss possible solutions at both the district and band levels. Needs related to programs and services for persons with disabilities are expected to be an important component of the study.

Individuals interviewed indicated that, for the most part, involvement with disabled persons' organizations was very limited, except for involvement in specific projects. In part this was due to the limited experiences disabled persons' organizations had with reserve life, and consequently some of the information provided was difficult to adapt easily to the reserve situation. Furthermore, most individuals on reserves do not have information on such organizations, or the programs and services offered. Unless the disabled persons' organization makes specific contact with individuals or staff on reserves, resources through disabled persons' organizations were not used to any great extent.

Four primary issues of Aboriginal persons with disabilities were identified through community consultations for the preparation of a position paper on social security reform by the Saskatchewan Coalition Working Group on Social Security Reform for Persons with Disabilities[24]. These issues were:

- need for coordination of programs and service delivery for Aboriginals with disabilities,
- Aboriginal organizations need to be accountable for the provision of services for members with disabilities, within the context of self-government,
- support services and information on how to access existing community resources should be available through adequately trained service providers, and
- need for disabled Aboriginal representation in decision

24. Saskatchewan's Coalition Working Group on Social Security Reform for Persons with Disabilities, *Social Security Reform - An Analysis of the Federal Discussions Paper from the Perspective of Saskatchewan Residents with Disabilities*, 1994.

making and management of social programs.

Initial work is underway through Federation of Saskatchewan Indian Nations to collect basic information on available programs and services to distribute to bands. However, the potential for a centralized information exchange available throughout Saskatchewan would help focus individual efforts, at the district and band level, which are currently being undertaken. The isolation of many reserves and northern communities makes information sharing and contact vital to removing some of the barriers associated with providing basic programs and services for aboriginal disabled persons.

7.5 Summary

Five factors were evident in shaping interagency coordination, including:

- social and political climate in a community,
- level of existing communication and problem-solving process (to establish goals and objectives, agree on roles, make decisions, and resolve conflicts),
- leadership capability,
- set of governing policies each agency brings to the interagency coordination, and
- availability of resources (including staff and knowledge/information, scope of programs/services, and funds).

While a supportive climate enhances interagency coordination, the critical factor is how clearly the problem requiring coordination is recognized by a broad spectrum of key decision makers at the political and service delivery level. Effective communication and problem-solving processes must exist internally in organizations seeking to coordinate programs and services. These processes facilitate how multiple organizations will create a shared vision and resolve predictable areas of conflict. Organizations must be able to clearly demonstrate, to themselves and others in the community, what brings them together, and perhaps more importantly, what the community has to lose if coordination does not succeed. The willingness for

someone, or some organization, to take the leadership role must occur. The danger for the lead individual or organization is the perception of bias in favour of the lead organization. Finding a neutral leader from the community, who will not be perceived as working to advance any particular organization's agenda, is one way to resolve this dilemma. However, the lead organization must be able to successfully work in an ambiguous and changing environment, where goals and objectives can be in a state of flux for some period. The analogy of "herding cats" is particularly apt during the beginning phases of any coordination effort.

Organizations are identified by:

- regulations and mandates,
- target populations and eligibility requirements,
- budget cycles,
- supervision and evaluation methods,
- salary and career structures, and
- the language and terminology of the organization.

In general, the better the "fit" between organizations' governing policies, the easier it is for coordination to happen. However, the opportunity exists for organizations to develop policies which complement, rather than contradict each other. While the first response from most organizations about available resources is to ensure that they maintain existing level of resources, interagency coordination often creates situations where resources can be sustained or attracted, particularly when successes in coordination are evident, and more importantly, duplicate resources can be given up in a positive environment of mutual respect and reciprocity.

The primary advantage is that Saskatchewan has both a past history of cooperation throughout many sectors of communities, and a small population base in the province. While the small population base limits available resources, most individuals working in the disabilities field know each other; they may not be aware of all the details of organizations' programs and services, but there are many working relationships currently established on both an individual and organization level.

8. TRANSITION PROGRAMS

All individuals make important transitions throughout their lives. Entering school, leaving home, undertaking post-secondary education, entering the workforce, and finally leaving the workforce, are some of them. Transition processes, and developing means to support, manage and facilitate these processes for persons with disabilities are a relatively recent phenomena, but important to successful transition from one system to another. Throughout these transitions, the differing roles of professionals, family, and community, present problems for persons with disabilities. For many, an effective passage through the transition phases may be inhibited by a lack of information, divided responsibilities, unclear objectives and conflicting approaches. The results for disabled persons and their families can be overwhelming if the lack of transition supports block what should be normal process.

Interagency coordination efforts are frequently directed to bringing together various agencies to provide and support transition programs. The outcomes serve not only in the effective transition of the disabled person, but also serve as a process to enhance or focus transdisciplinary professional continuing education. Through successful efforts in transition programs, other activities can be undertaken through interagency coordination, such as professional continuing education.

8.1 *Range of Transition Programs*

In its simplest form, many transition programs are of short duration to expose persons with disabilities to other systems. These programs usually involve a lead agency which assumes the direction of the program, and ensures involvement by other relevant agencies or individuals or organizations. In general, such programs do not provide an on-going continuum of service for participants; transitions throughout the individual's lifespan is not guaranteed. Examples of such programs include:

> ***Summer Work Experience Program (SWEP)*** is an high school-to-work transition program for students with vision

impairments. The program provides students who are blind or have vision impairments an opportunity to gain work experience while they are still in high school, since many of them do not have a chance to get regular job experience. Held on the campus of Reed College in Portland, Oregon, the program's eight weeks include one week of orientation activities, career exploration classes, and learning job-seeking and job interview skills. By the second week students are in employment situations, and travel to and from work independently, live in residence halls on campus and participate in after-work activities. Project staff are available to assist students and employers in adapting to new situations.

Project HAPPEN in Wisconsin serves high school students with learning disabilities prepare to enter college. The program offers support services to students while they are still in high school and through their first year in college. The project also collaborates with area community and four-year colleges in providing services to students with learning disabilities.

In Saskatchewan, the ***Education Equity Services Unit's*** provides disabled students at the Saskatchewan Institutes of Applied Science and Technology (SIAST), with assistance to participate in regular scheduled offerings of the institutes. Education Equity staff work with student counsellors to provide pre-admission consultations, assessments, spend-a-days, orientation sessions, and technical aids and resources when required. In addition, the unit is an integral part of the Student and Program Services Division and works throughout the four institutes to provide staff development on disabilities, and policy development regarding daily operations (in such areas as admission procedures, and proactive recruitment).

At both the University of Saskatchewan (Student Health Centre) and University of Regina (Services for Persons with Special Needs), disabled students are provided with support, which may include access to technical aids or resources, pre-admission, orientations, and on-going consultations.

As a result of legislation in the United States which required

education for disabled children, many transition programs are well developed to help children and families make the transition from home to pre-school, and from pre-school to school. Continuing revisions to legislation is extending the expectation for full integration into the workplace, and for older Americans with disabilities. Consequently, supported transition programs have also been extended to cover more transition stages. The following are examples of the continuum of programs and services to address transition issues through the lifespan of persons with disabilities.

South Carolina Continuum of Care[25] is a state agency that provides services to children and youth with severe emotional problems. Through the "Continuum" many types of services may be provided in a variety of settings for clients. Services may range from a school tutor (least intensive) to services in a residential treatment facility (most intensive). The Continuum does not directly provide services to the client, but contracts with other people, organizations and agencies to provide services. Personnel employed by the Continuum include Service Coordinators who provide the link between parents and agencies, and develop the Total Service Plan (TSPs) for each client. Standards established for TSPs include:

- community based treatment - services should be provided as close to the client's home as possible,
- wrap-around services which involves using as many different services to enable the family to keep the child at home, and
- family involvement in actively developing the service plan.

An example of a vocational training program which assists young adults with severe learning disabilities, who have left the school system special education programs into vocational training programs is the ***Integrated Skills Vocational Training Program***[26]. The program is a federally funded three-

25. South Carolina Continuum of Care for Emotionally Disturbed Children, *Parent Handbook*, 1992, ED 361 948.

26. Perin, Dolores, and Bert Flugman, *The Total Impact Model: a Community College/Trade School Collaboration for Learning Disabled Young Adults*. ED332 456

year demonstration project in New York. Collaborating organizations included:

- Federation Employment Guidance Services (FEGS), a not-for-profit agency that provides vocational assessment, vocational training and treatment programs for a wide range of individuals with and without disabling conditions. The vocational training was provided by a trade school which was part of FEGS,
- Federation of the Handicapped (FOH), a not-for-profit rehabilitation agency providing vocational evaluation, skills training programs, and support services to a wide variety of persons with disabilities, and
- LaGuardia Community College, a comprehensive cooperative education college, which through its continuing education unit, provides high school equivalency, English as a Second Language, worker education programs, and a range of other non-credit courses for adults.

The vocational training program was divided into two segments, agency-based and college-based training. Each student spent three days per week at the trade school or rehabilitation agency for vocational skills classes and two days at the community college for basic skills and interpersonal skills classes, work-study, tutoring and career counselling. The objective of training was placement in a skilled entry-level job. The trade school (FEGS) and rehabilitation agency (FOH) were responsible for job placement when participants completed the program. The length of the program ranged from approximately six to eleven months, and was driven by the vocational skills component.

Staffing patterns including using regular instructors which were already attached to existing vocational training programs. Additional staff included an agency-based learning disabilities specialist responsible for providing remediation and support to participants on an individual basis both in and out of the vocational classrooms. The program director worked through the college to set up and monitor services provided at the college. In addition, a college-based counselor was employed

full-time and provided classroom instruction to individualized counseling to case management.

Program results indicated that 49% of the entrants completed the program, 21% were still receiving training, and 30% had left the program. Of the completers, 78% obtained competitive skilled jobs and, of these, 83% were working at the six-month follow-up. Evaluation indicated that while the program was successful, the format did not suit all students, particularly those with severe learning disabilities, and that these individuals might do better in supported work training, whereas this program was designed to develop skills for independent competitive work.

An example of a school to work transition program which assists students while they are still in high school is the ***Wyoming Handicapped Youth Transition Employment Project (WHYTEP)***[27]. The project aimed to improve the *resources available and agency referral process* to provide more vocational opportunities for students with disabilities. The need for transition services had been well-documented in a number of studies and reports, specifically that a large number of disabled youth do not make contact with service providers, or do not receive services to aid their movement into post-high school training, employment and independent living, and many of these same youths end up being placed on waiting lists for adult programs and/or remain dependent, unproductive members of society. The project was developed to address these gaps within the context of a state with sparsely populated rural communities.

WHYTEP agreed to fund a project submitted by the Laramie County Partnership which involved numerous agencies and organizations including Laramie County Community College, Magic City Enterprises (developmental disabilities facility), Division of Vocational Rehabilitation, the Association of Retarded Citizens, Goodwill of Wyoming (vocational and living

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27. Sherman, J. and C. McIntyre, *Transition Team Building: In School and Beyond*, 1988 ED 299 732

skills personnel), School District #1 (special education and vocational education staff), Job Service of Wyoming, Community Action, School District #2, parents, students and employers. The project offered a three-step approach:

- *Implementation* - preparation of three video tapes for students, parents, and school personnel which provided information about vocational options for persons with disabilities.
- *Strategies* - which funded a school resource specialist and job coaches to work directly with graduating students during the summer to facilitate the transition from school to work through work-study liaisons. Included in this approach was follow-up and ongoing case management to support graduates.
- *Case Management* - developing a case manager program which reviewed options for sustaining case management; and eventually developing the transition team approach to provide coordinated follow-services for graduates.

The project also developed special needs vocational advisory committees, career development teams to develop career education activities for disabled students beginning in the 7th grade, and work-study teams to place and support older students in community jobs.

The most typical approach to retirement is that which evolves as part of one's life tasks and promotes the living of an ordinary life. Many disabled persons will be able to define their own needs for involvement and participation in their community's senior services, leisure time use, and other avocational activities. However, for individuals with developmental disabilities, who have had sheltered lives and limited experiences, retirement often needs to be facilitated, guided, and nurtured.

An example of a retirement assistance program is ***Silver Streaks***[28], a seniors club set up within a developmental

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28. Janicki, M.P. and R.M. Keefe, *Integration Experiences Casebook: Program Ideas in Aging and Development Disabilities*, New York State Developmental Disabilities Planning Council ED 350 729

disabilities agency in a rural and economically depressed area of upstate New York. The club was set up to help older employees of a sheltered workshop move into retirement activities. Many of the individuals in the sheltered workshop were among the first in the state to have been deinstitutionalized and, as a result, have lived successfully in the community for many years. For most of the seniors, the workshop was the only option for day times activities, and with the prospect of retirement, little else would have been available for these individuals. Generic senior services were available in the community, but were ill-prepared to accept individuals with developmental disabilities.

While initiated by staff of the sheltered workshop, the club involves the seniors intensively in planning and organizing events, activities, and outings in the community and beyond. While initially established as a separate seniors club, over time, members have taken part in the activities of existing seniors organizations in the community. The club has been able to operate with limited funds using existing staff resources of the sheltered workshop. Grants have been provided over time to assist in part-time coordinators, but the thrust of the club has always been a vehicle for promoting self-worth, empowerment and fun.

While Silver Streaks is an example of a senior's club for individuals with developmental disabilities, the program option of integrating persons with disabilities into existing seniors' centres is most frequently used. The approaches used to help seniors with a developmental disability use their community senior centre varies: some focus on helping the senior centre become a more receptive environment, others took steps to aid individuals become more familiar with one or more senior centres and become more at ease with using the centres. However, others found that the only way they could get their "foot in the door" was to set up an enclave program - a program within a program. All required extensive cooperation with staff/volunteers of the senior centres.

An example of such is ***Senior Special Needs Activities***

Program[29] (SSNAP) in rural Wisconsin. Through a consortium of agencies supporting individuals with developmental disabilities (Dunn County Human Services, Office on Aging, Menomonie Senior Center, Indianhead Enterprises [a sheltered workshop facility], and the University of Wisconsin-Stout Center for Independent Living), a pilot project to demonstrate providing long-range services to developmental disabled ready to retire from a sheltered workshop was implemented. The service delivery design of the program emphasized that participants should be encouraged to choose the retirement activities in which they wanted to participate. To ensure that the basic program philosophy of choice was supported, agency staff agreed to the referral and intake process so that only people who wanted to participate were referred. New participants were encouraged to try a variety of activities and then choose two or more they would like to continue.

Initially problems originated with the group home staff who were unconcerned about the choice factor of the project, and scheduled the participants to come to the senior centre on days that were convenient for staff, not the participant. This was resolved through increased communication between agencies and clarification of the expectations for the program. The results of the project indicate that there were existing retirement activities available at the community seniors centre which were interesting and appropriate for people with developmental disabilities. Two elements were key in this project; starting slowly and with a limited number of participants so that experimentation with group development and activity choices could be based on solid experiences, and allowing each senior to proceed at his/her own pace.

8.2 The Saskatchewan Context

In Saskatchewan, various organizations conduct programs which aid in transition. For the most part, these programs are dependent on renewal funding, in that they do not have a legislative mandate for on-going funding. Transition programs must have a longer existence

29. Ibid.

than six months or a year if the program is truly aimed at long-term integration of persons with disabilities. Cooperation with other organizations providing similar services is, for the most part, on an informal basis.

The ***Early Childhood Intervention Program*** is comprised of 16 programs offered throughout Saskatchewan and provides approximately 470 children, from birth to 5 years, with intervention and support for parents and family members. The program works directly with parents and other service providers in the home to provide information, resources, and support to help the young child learn and develop. The program is offered in partnership with Saskatchewan Health, Education and Social Services, and managed by Early Children Intervention Program Sask Inc. The ability to increase the number of children which can be served is frequently dependent on special funding. For example, in 1994, the program was able to increase by 50 the number of children served through funding from Saskatchewan's Action Plan for Children, which is short-term funding directed at a multitude of projects and activities for children at risk, including children with disabilities.

Another example of a transition program is a ***Supported Employment*** project offered through the Saskatchewan Association for Community Living with funding through the Canada Employment Centre (Human Resource Development Canada). This one-year pilot program helped persons with disabilities upgrade their skills, get valuable on-the-job training and maintain meaningful employment. Working in partnership with the business community, the program provides ongoing individualized training and support, and educates potential employers and co-workers about the capabilities of an employee with disabilities. The nature and policy limitations of employment training funds through Canada Employment Centres make such initiatives year-to-year programs with no long-term commitment to transition and support for the participants.

Several corporations[30] actively support the transition of persons with disabilities into the workplace. For corporations/employers the process of building awareness within their workplace is a long process requiring commitment from executive management personnel. A common barrier faced by many corporations is the fragmentation of existing services which confuses corporation personnel about which are the best sources of information to resolve accommodation issues; coordination of services and information through disabled persons' organizations would offer corporations a single entry point to find out information. Employment Equity personnel do not specialize only in hiring persons with disabilities, and therefore may have limited experience in knowing what options would be best to accommodate persons with disabilities. It was stressed that persons with disabilities need to make their accommodation needs known to the employer, since each person with a disability will require different types and level of accommodation.

Concern was expressed related to downsizing and restructuring which is continuing throughout Saskatchewan corporations. Two effects result: limited number of staff, and consequently time, are available to provide training for transition, and single classifications for positions are increasingly being abandoned towards multifunctional tasks. Persons with disabilities will require a greater range of skills. Education and training programs must prepare disabled persons for as many employment functions as possible, and need to be closely coordinated with employers.

Individuals interviewed expressed strong commitment, as individuals, and from their organizations to participation in the workplace by persons with disabilities. However they also expressed some frustration with the lack of coordination and information available to them to help them in their work.

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30. Employment Equity personnel with Saskatchewan Government Insurance (SGI), Royal Bank of Canada, and SaskTel were interviewed for this study, however these organizations are only examples of how corporations throughout Saskatchewan are supporting workplace transitions.

8.3 *Transition Programs in the Aboriginal Community*

Research for the study indicates a very strong need for transition programs and services for aboriginal disabled individuals. Services on reserves, particularly remote reserves, are limited for persons with disabilities, and consequently, many native disabled persons move from reserves to larger communities or centres. They face several barriers when they leave the reserve including:

- limited funds to support their needs,
- low education level, which restricts employment choices,
- low awareness of available services for persons with disabilities through either aboriginal or non-aboriginal organizations,
- low level of services available through aboriginal organizations,
- limited network of support to connect them with available services,
- transition from a rural, aboriginal environment to an urban, non-aboriginal environment, and
- the isolation that comes from being native and disabled which create social and emotional problems that further isolates native disabled persons.

With recent changes in social assistance for individuals who leave reserves, disabled individuals are confronted with numerous changes to their funding support when they move off the reserve. This alone causes significant problems for many. For persons with disabilities who need to seek out services in a strange community, arranging for social assistance becomes one more barrier to overcome.

Opportunities for education for persons with disabilities, particularly individuals with multiple or severe disabilities, are limited on reserves. Consequently many individuals have low education levels, which further limits their participation in employment training opportunities which may be available in larger centres.

Limited support systems available for native disabled individuals, combined with low awareness of native disabled issues, both within aboriginal communities and disabled persons' organizations, creates a

situation where native disabled persons receive sporadic access to services, limited participation in "mainstream" programming for persons with disabilities, and a extremely limited network of individuals and organizations to facilitate access to programs and services. Existing programs through organizations such as Circle Project, Saskatchewan First Nations Network on Disabilities, the Native Disabled Support Group (Saskatoon Friendship Centre), or the Gary Tinker Federation for the Disabled operate on limited funds and volunteers.

More importantly, networking between the existing organizations for aboriginal disabled persons and non-aboriginal disabled persons' organizations is limited. This is not to say that non-aboriginal disabled persons' organizations are not willing or interested in working with aboriginal disabled persons, but the systems and structures are not in place. For example, the Canadian Paraplegic Association (Saskatchewan) had a aboriginal counsellor for native disabled persons, but funding for the position was eliminated; to date funding has not be secured to reinstate the position.

Aboriginal disabled persons idenitified the following to improve the situation:

- lobby for support programs for aboriginal disabled at tribal and band councils,
- social development staff on reserves need to assist and help prepare disabled individuals about the services and programs available in urban centres before they leave the reserve or their community,
  awareness education for families, social development staff, and band members about how to assist persons with disabilities,
- a liaison person to help native disabled persons during their first weeks in urban centres to find accommodation, services and programs, and then to maintain contact to ensure adjustment problems are resolved,
- peer support programs need to be established through a number of existing native organizations, and non-native disabled persons' organizations, and
- social activities are important to help native disabled

persons feel part of the community, and at the same time become familiar with existing networks.

Many of these issues have been repeatly identified in studies completed both nationally, and in other provinces. Kruk and Vryheid[31] concluded that:

- the most significant obstacle for adult disabled natives is the lack of services and programs on reserves,
- establishing small residential and vocational facilities would help to ensure the safety needs of the disabled and at the same time educate the community about the particular needs of their disabled members, and
- native disabled adults are either institutionalized against their wishes, and wish to return to the reserve, or native disabled are living on reserves in less than adequate conditions at constant risk of physical, financial and emotional abuse, and receiving no support services.

A women, who works as a volunteer to assist aboriginal disabled persons, commented:[32]

> The 90's will soon be rolling out, and we, the native disabled are still at the bottom of the totem pole. I ask myself if we will ever move and carry on with our lives. I sometimes doubt it - I know that it is coming, but not soon enough or fast enough. I don't want to see anymore native disabled die because their basic needs were not met by the communities they live in.

8.4 Barriers to Transition Programs

Barriers to the implementation of transition programs included:

- *Policy* - inconsistent or contradictory policies of

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31. Kruk, Edward and Andre Vryheid, Gaps in Service Provision for Native Disabled Adults on Reserves: A Case Description, *The Social Worker*, Vol. 61 (4), p 181 - 184.

32. Appendix A contains selected narratives describing native disabled persons' experiences dealing with their disabilities.

organizations involved in the transition program related to such items as roles of staff, clients, and/or families.

- *Attitudinal* - lack of awareness by staff and others of the potential for the disabled in school, workplace, or retirement settings
- *Information/Referral* - lack of information on provider-agencies; programs offered; availability of academic, vocational, and socio-emotional assessments.
- *Coordination* - cross-agency understanding of coordination processes; management strategies to interpret, implement, and evaluate the effectiveness of coordination efforts to results.
- *Programmatic* - insufficient efforts directed to obtaining specific program results versus maintaining activity; need to develop models of collecting, analyzing and synthesizing data from programs for evaluation purposes.
- *Education/Training* - lack of staff training related to: developing, implementing, monitoring transition programs; working as part of an inter-disciplinary transition planning team which includes parents.

9. *POLICY AND RESEARCH DEVELOPMENT*

With the exception of minimal human rights legislation, there is no vision for including persons with disabilities in Saskatchewan society. While there are many good programs and services operated by many organizations, and staffed by committed personnel, both paid and volunteer, the efforts are diffused and may have limited impact. A frequently cited reason was the lack of funds or diminishing funds committed to addressing issues in the disabilities field. However, access to limited funds is a symptom of the underlying cause, that of the need for a unifying vision which clearly directs the efforts of government, disabled persons' organizations, employers, and the systems of education, social services, and health, to name but a few. Effective policy and research development can only occur when there is a vision that is jointly created and guides the efforts of all.

Individuals interviewed indicated frustration with the lack of leadership through government, yet were unable to clearly articulate what needs to happen through the disability community. Within individual organizations, there are clear missions about the type of programs and services developed and offered, the philosophical orientation that supports those programs and services, and/or specific target audiences to which the programs and services are directed. How organizations relate to each other, how a comprehensive program of services will be delivered, and what results can be demanded and expected, is for the most part lacking. In addition, with the current perceptions about the purpose and implementation of health care reform in Saskatchewan and the continuing uncertainty about the final impact such reform will have on communities, there is both skepticism and fear about future government initiatives to provide leadership and direction.

Experience in the United States provides a strong indication of the need for government direction in establishing "what should be". Federal legislation passed in the 1980's providing for the education of persons with disabilities is a reference point to evaluate the impact that government leadership can have. Access to free and appropriate education for all children with disabilities mandated that schools provide educational services to all youth. Extending those provisions to vocational training and employment services, and to infants and

toddlers, and more recently to older Americans with lifelong disabilities have added to the significant and far-reaching vision intended in the legislation. While research and evaluation reports acknowledge the intent of the legislation was not always fulfilled, the climate was established that increased the likelihood organizational structures and systems will direct resources in the most effective way to provide programs and services.

The intent of American legislation was to provide coordinated, interdisciplinary, and comprehensive approaches to services. However, it is at the state-level that decisions on how each type of organization, agency or provider fits into the system, with respect, for local needs. Key features of the legislation include:

- building on research by using a "best practice" approach and help such practices spread,
- programs and services that respect the family/ individual's strengths and view them as a true partners who have knowledge and information that is critically needed by professionals to meet the clients' needs
- grassroots involvement in policy development - the legislation was deliberately silent about preferred structures at the community level, and
- providing "glue money" to help states coordinate and collaborate across agencies to deliver services, address gaps, and avoid unwarranted duplication.

Policy development cannot happen in a maze of conflicting or limited visions. The example provided by the City of Regina demonstrates leadership within a local government structure which is maintained in spite of offloading costs of programs and services to municipalities by provincial and federal governments, as well as demands by taxpayers for budget cutbacks or no further tax increases. What drives the initiative and, more importantly, puts into context the development of programs and services, is an overriding vision which includes making Regina an accessible community.

10. ORGANIZATIONAL DEVELOPMENT

The term *organizational development* is used to describe and define the processes, activities, and structures by which organizations sustain and grow. A useful definition is:

> Organizational development is concerned with enhancing the climate, culture and nature of the organization so that it can be more productive. It is based on the belief that people who can relate effectively to their jobs, their colleagues, and to their organization, need to be holistically healthy and need to work in a "sane" environment.

While the focus of organizational development is on improving the effectiveness of the organization as a whole, it recognizes that organizations are comprised of people. Consequently the focus of many organizational development activities are on ensuring that the individuals in the organization have the skills required to perform well in the changing context of the organization.

Two approaches are frequently used, usually in conjunction with each other, to address issues of organizational development. These include:

- *Structural Strategies* focus on structures and systems in the organization which support and encourage organizations to change and develop including planning and policy development.

- *Process Strategies* include personnel development techniques so that human resources and energy can be used to achieve the organization's mission and at the same time, maintain a viable, growing organization of people whose personal needs for self-worth, growth and satisfaction are significantly met through their work with the organization; frequently referred to as human relations training and include such areas as:

  - Problem-solving
  - Conflict resolution

- ❒ Leadership
- ❒ Human Resource Planning (both organization/field)
- ❒ Communication
- ❒ Creative and Critical Thinking
- ❒ Self-esteem
- ❒ Motivation and Goal Setting
- ❒ Interpersonal Skills
- ❒ Teamwork
- ❒ Evaluation and Needs Assessment (Planning)

Through effective organizational development approaches, the work of the organization, and the clients/audience of the organization are better served. Effective organizational development often results in increased activity in community development and, in particular, advocacy.

Community development is a *process* by which:

> People of a community *organize* themselves for planning and action; *define* their common and individual needs and problems; *make group and individual plans* to meet their needs and solve their problems; *execute* these plans with a *maximum reliance upon community resources*; and *supplement* these resources, when necessary, with services from government and non-governmental agencies outside the community.

Community development processes, particularly those actions directed to change and advocacy, are easier to implement when the community (defined as people who share interests and values), have the skills and foundation on which to organize and plan for action. These skills are frequently provided through approaches originating through efforts directed at organizational development.

Disabled persons' organizations in Saskatchewan have reached a level of maturity which has both positive and negative effects. The positive effects are the number of program and services organizations are able to offer, and more importantly, the quality and expertise inherent in the programs. At the same time, organizations are increasingly confronted with issues surrounding renewal, future directions, recruitment of volunteers and members, development of new leaders,

and maintaining/developing qualified staff. One individual commented that the barriers many persons with disabilities faced in their day-to-day lives limit their on-going involvement in the leadership and direction of organizations; at a very basic level, it is hard to get individuals to meetings when the only accessible public transportation does not operate during off-hours.

Another individual commented that, with the number of programs and services available, many persons with disabilities fail to recognize the commitment required by organizations to ensure those programs and services continue, particularly during times of downsizing and funding restraints. A greater concern is the need to organize for better and expanded delivery of programs and services; while what exists now is good, the full integration and participation of persons with disabilities is still a long way off.

Although not articulated as organizational development per se, individuals described problems encountered by their organizations as:

- inability to effectively plan and implement programs and services ("something always seems to be left out"),
- competing interests/views within the organization resurfacing continually and blocking movement forward,
- lack of direction and goals,
- inability to retain staff and volunteers,
- cannot get their message out to members or to the community-at-large about integration of persons with disabilities.

Organizational development issues were generally acknowledged as important to sustaining organizations. However, attention was increasingly devoted to sustaining and maintaining existing programs and services, rather than on developing processes and structures to contribute to the long-term viability of disabled persons' organizations.

IV. DIRECTIONS

In discussing directions for a proposed centre on disabilities, three questions need to be answered:

- Who does what best?
- What needs are identified?
- What is possible?

Who does what best?

Organizations which could be potentially involved in the proposed centre include:

- the University, including continuing education units,
- communities and community-based organizations, (including disabled persons' organizations), and
- governments, (including municipal, provincial, federal and Indian governments).

Universities are best at research and teaching. Research is the process of discovering and creating new knowledge, and seeking out new applications of existing knowledge. Through the teaching role of the universities, individuals are provided with the knowledge needed to contribute to their lives, their communities, and their organizations. As part of the university endeavor, university continuing education is best as a facilitator and catalyst; to bring together diverse communities, including other parts of the university. The purpose for bringing together communities may be for learning, for taking action, or for responding to common issues.

Communities and community-based organizations, are best at developing and responding, through programs and services, to the needs of their immediate communities. This usually takes the form of working directly with individuals, groups of individuals, or other individuals or groups affected by the needs identified.

Governments, at all levels, are best at creating a climate and environment which, through policy and/or legislation, and funding,

provides universities, and communities/community-based organizations with the necessary supports to be best at what they do.

Obviously, each of these organizations do not operate in a vacuum. An effective system would see strong connections and inter-relationships formed amongst communities, universities, and governments. Through these interrelationships information and knowledge is shared, the work of each organization complements and supports the work of other organizations, and gaps are addressed in ways which acknowledge and use the strengths of as many organizations as possible. However, the current situation in Saskatchewan is such that the university is not fully aware of the needs, initiatives, and progress of communities and community-based organizations; communities and community-based organizations are isolated from the intellectual product of the university; and governments are not providing the conditions for progress. More importantly, there are no effective *systems* which would facilitate or support these interrelationships.

What needs are identified?

It was not possible within the scope of this study, to identify the needs of specific communities and/or organizations. Rather, using information from Saskatchewan organizations and individuals, the study identified areas where directions in Saskatchewan could move, compared with directions in other jurisdictions. These areas provide individuals and communities with foci from which discussion, comments and dialogue can stem. By providing concrete examples to serve as models of the vision and philosophy underlying programs and services, the results attained from these examples, and the processes used to achieve results, the study attempts to expand the horizon surrounding disabilities in Saskatchewan. These areas include:

- creating a common vision,
- implementing transdisciplinary professional and continuing education
- establishing and facilitating transition programs, and
- developing effective interagency coordination approaches

which are relevant, and reflect conditions in the Saskatchewan community.

What is possible?

Success comes from clearly identifying what is possible, and what needs to be done first. As previously stated, the lack of a unifying vision surrounding disabilities is a major barrier to developing and supporting systems and structures that will significantly contribute to changing "what is" to "what should be". The process of defining "what should be" can originate from communities, or from government. While it may be easier for governments to define the vision, communities ultimately have to accept or reject such a vision. Before a centre on disabilities is established in Saskatchewan, the disabilities community, and by extension, other related communities, must provide the vision. This is not to say that there is not a need for the activities associated with a centre, but the centre must be created within the context of a unifying vision.

How does a vision contribute to effective programs and services? Through a vision process some agreement may be formed that, if persons with disabilities had lifelong access to transition programs, persons with disabilities would become productive and integral to their communities. As a result of such a vision statement:

- policy development would focus on ensuring that the structures and systems of governments, communities and organizations are committed to that vision;
- the goals of programs and services from a variety of organizations reflect the vision;
- research provides the framework for what is effective programs and services in the Saskatchewan context; and
- organizations allocate their resources to achieve the vision.

Several individuals interviewed for the study indicated strongly that if they knew what they should be doing, if they knew how it should be done, and if they could be assured, to some degree of certainty, of the results, then providing resources (money or staff) was less of problem

than originally thought.

The next step in this process is to receive feedback from communities on the study. As part of the feedback, the following questions need to be asked:

- What processes should be used to create a vision?
- What are roles for governments? disabled persons' organizations? the university? and other systems? (such as health, education and social services), and
- What is the degree of commitment to developing a vision?

Specific Directions

There are several directions for a centre which can be defined regardless of a resulting vision:

> Although the model for the centre is that of continuing education and community development, and this study shows no evidence that that model is not appropriate, the centre needs to reside in a degree-granting faculty. If effective preparatory professional education is to take place, it must happen through a system that can influence preparatory professional education, as well as the framework for research directions. Through degree-granting faculties, issues surrounding disabilities can be infused into preparatory professional education. In particular, the centre can providing a route into university faculties so that the disabilities community can be heard in an interdisciplinary environment.
>
> The centre's target audiences are disabled persons' organizations, professional groups, and government. Direct provision of programs and services to communities and/or persons with disabilities, cannot be effectively or efficiently done through a university-based centre except through pilot or demonstration projects. University-based centres are effective at determining how well a service meets its objectives, what are

the factors influencing success, or what are the best ways to meet those objectives, but not in offering the service.

The role for a centre is that of catalyst between:

- professional groups,
- professional groups and communities, and
- between universities and communities,

by allowing research to influence practice, and for practice to influence research.

The centre should focus on a "best practice" approach related to transdisciplinary professional education, transition programs, interagency coordination, and organizational development. This is achieved through two complementary processes:

- dissemination of the results and impact of best practices from other jurisdictions, and
- creating or adapting, and testing best practices in the Saskatchewan context.

It is imperative that a centre be organized and structured to ensure balance between the academic needs of the university and the equally important needs of the disabled community. Consequently, there must be strong representation from the disabled community; representation which understands what a university is capable of doing, and can infuse into the university community the expectations by the disabled community of their university.

Appendix A

The following are a selection of stories from native disabled persons living in the Saskatoon area. As part of this study, a researcher identified 55 native disabled persons in Saskatoon, and interviewed them to gather their experiences and needs, in addition to attempting to form a continuing support group. Many of these individuals do not seek out or are aware of programs and services for persons with disabilities, beyond getting their immediate medical needs met.

Case #1:
Male; wheelchair; lives alone; polio/heart trouble; originally from norther Saskatchewan but now lives in Saskatoon; given up when he was a baby as his parents could not help with is disability.

Has housekeeping help once every two weeks, and someone gets groceries once a month. He is a heavy man, and if he falls he has to phone fire/police departments to life him back into his chair. sometimes he is one the floor for three or four hours. He would like someone to come in everyday to help him because it is hard to get around. It would help to have one department or agency assist him to get his special needs met, instead of being "ping-ponged' to several departments, only to find himself back at square one. He feels that native people should have training on how to help their own native disabled people. He doesn't feel comfortable attending native disabled group functions, because all his life he has been in the "white" community and doesn't feel he belongs at native disabled groups.

Case #2:
Female; wheelchair; single parent; polio as an infant and lived in foster homes as a child.

She does everything for herself with assistance from her three children. She usually stays in her home and has her children run errands. She doesn't like to talk about her experiences as a native disabled person, and while she is interested in social events, she doesn't want to attend groups for native disabled persons.

Case #3:
Female; wheelchair; diabetes/kidney/loss of vision in one eye due to brain tumor.

She has had problems for the last 16 years, and had to lever her reserve when she was 17 due to medical problems. She gets frustrated with help she gets from the professional people; they don't understand that most native disabled persons live below poverty levels, and their health gets worse and eventually leads to death. She keeps fighting for services because she doesn't want to see this happen to her. Families need to become involved with the disabled family member. Band councils/Indian Affairs must open they eyes to deal with the many problems native disabled persons face.

Case #4:
Male; on crutches due to a broken back from a car accident. Spent seven months in hospital and tried to go back to his reserve but due to a lack of services returned to Saskatoon.

He does most things himself, and doctors/nurses have been very helpful in meeting his needs. For a while he had extra money provided for car/taxi fare and so he was able to get about. This money was cut off after a year; he still doesn't know why, but now he is limited in where he can go. He was discouraged at his lack of social contact, and began to drink, but quit after five years. But now he says he does nothing. He has little education, and no job. He really wants to work, but needs to get into a training program. However there are none which he is eligible for. His family and friends have been very supportive, but he thinks his Band Council needs to be more aware of the problems of native disabled persons

Case #5:
Male, wheelchair from a back injury. Lived in Saskatoon since his injury, and has tried to go back to his reserve, but his house is not accessible so he returned to Saskatoon.
He gets no help from his Band Council; he was able to get his wheelchair from the Abilities Council. He tried to kill himself with pills and alcohol. He stills feels that he is useless, but has a little

more control over it. He has backaches, and gets angry with doctors because they can't seem to find the course of his problems. While he would like to upgrade his education, but does not have any access to programs which might help him. His family has no concerns about him, because they have alcohol and drug problems of their own. He feels very isolated and alone, and doesn't like to talk to others about his problems.

Case #6:
Male; birth defect which limits use of his left arm; lived with parents but attended residential school until Grade 8.

Very independent in caring for himself, but at times he needs special services which he finds difficult to get; Band Council doesn't help. Doesn't know of any non-profit organization which could help him. Has had some work (northern firefighter) and is capable of doing work with is disability, but he needs more education and training. I would help to have a special training program for native disabled persons to give them a start.

Case #7:
Male; born with dislocated hip and paralysis of right arm; placed in an institution when he was five and says" if you were in an institution you would know what it is like. You don't want to know. You're lucky if you were never in an institution."

He feels sad that his own family doesn't want anything to do with him. He nows lives in a supported living environment. He is unable to read or write because he was never taught, although he went to a native alternative school and learned some life skills. He has no social groups beyond others in the home. He would like to get some education and study electronics, but he doesn't know if he would be able to complete a program, or even if there is anything for him to get into.

Case #8:
Female; wheelchair; brain stem hemorrhage resulting in paralysis of left side; resides in nursing home.

She doesn't know if she will have full recovery. She goes to speech therapy and occupational therapy most days. She can't read or write since she only has Grade 2. She has six kids who come and visit her in the hospital; her husband visits her everyday. She doesn't want to live in nursing home, and would like to go home, but needs someone to help her with housework. Her own mother hardly ever comes to visit with her so she can't look for any help or support from her. The nursing home staff are OK, but the nursing home is difficult to get to for her family. She had no idea of what organizations are available for native disabled persons, in part because she has been disabled for a short period.

Appendix B

Funds remained from the grants received for this study. During the summer/fall of 1995, some of those funds were used to assist in coordinating and facilitating disability organizations in Saskatchewan to work together. The initial focus of the coordination effort was to develop a position paper on proposed changes in federal and provincial funding support and direction for post-secondary education and employment training. Additional support for this initiative was provided through the University of Regina by providing a staff person for coordinating and facilitating meetings of the group and assisting in distributing information.

Through this initial work, disability organizations have formed the *Provincial Interagency Network on Disabilities*. The intent of the network is to provide a forum for disability organizations to share information, work collectively on issues, and to inform and direct governments and communities on issues affecting persons with disabilities. There is no membership in the network; information and notices about meetings are distributed to all disability organizations in the province and participation is voluntary.